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A
 COMPENDIOUS SYSTEM
 OF THE
 THEORY AND PRACTICE
 OF
 MODERN SURGERY,

ARRANGED IN A
New Nosological and Systematic Method,
 Different from any yet attempted in Surgery,
 IN THE FORM OF A DIALOGUE.

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 SOCIETIES OF EDINBURGH.

Qui dubitat, qui sæpe rogat, mea dicta tenebit ;
 Is qui nil dubitat, nil capit inde boni.

THE SECOND EDITION,

CORRECTED AND IMPROVED.

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TO
ALEXANDER MONRO, M.D.

Professor of Anatomy and Surgery

IN THE

UNIVERSITY OF EDINBURGH.

SIR,

AUTHORS in general are fond of having great names prefixed to their labours. The distinguished rank you hold in your profession renders you, therefore, a proper patron for such an undertaking as this. The candour and liberality of sentiment, for which you are so eminently conspicuous in the medical world, encourage me to lay these sheets before you. Their
meeting

meeting with your approbation will fully compensate for the labour bestowed on them. Hoping this feeble effort may not seem unworthy of your attention, and that it may contribute somewhat to the advancement of surgical knowledge,

I am,

SIR,

With the utmost regard,

Your very humble Servant,

H. MUNRO.

PREFACE.

IT is somewhat surprising, that amongst the many Systems of Surgery, that have made their appearance in the world, so very few have been attempted to be arranged into a Systematic Order of Classification. This defect seems to have proceeded either from an opinion, that no such arrangement was necessary, or from the idea, that it was impracticable, in this branch of science at least.

That the former of these opinions is erroneous, will be readily granted by every person, who reflects for a moment on the great advantages of order and method in other branches of science; by which not only much circumlocution and trifling

tautology are avoided, but the principles of the science itself more easily, as well as more firmly, impressed upon the mind of the student; who without these is apt to be disgusted, at the maze of confusion in which he is otherwise unavoidable involved. And the latter idea is equally groundless, from the excellent attempts that have been made towards a methodical arrangement of those diseases, that fall properly under the care of the surgeon, by the celebrated SAGAR and SAUVAGES.

The Author of this Work hopes he shall not be accused of presumption, in endeavouring to improve upon the plan of these great men. The discoveries and improvements in modern surgery have of late been so numerous and important, as to render some alteration in the arrangement of Chirurgical Diseases not only justifiable, but absolutely necessary. How far he has succeeded in making this attempt, the public

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lic will determine. While he has endeavoured to reduce Surgery to a regular system, he has adopted the method that appeared most natural, and at the same time studied to express himself in terms as explicit as possible. For, although, in arranging the different Orders and Genera, he could not avoid the formation of new words, yet he humbly hopes these will be found more apt to accelerate, than to retard the progress of the student; as they are not only free from ambiguity, but comprehensively expressive of the meaning affixed to them. And in describing the different species of each Genus, as well as the principal varieties of each Species, he has given them a complete definition and essential character, a concise and accurate view of their different symptoms, diagnosis, remote, prædisponent, and proximate causes, with their prognosis, and the best and most effectual method of cure, as collected from

the writings and observations of the most celebrated surgeons in Europe.

It is a complaint, not altogether groundless, that, in most surgical works of any length, the proper method of cure is so blended with descriptions of ancient and modern theories, interspersed with the remarks of their respective author upon them, that a young practitioner is often at a loss which of them to adopt. To obviate this disadvantage, arising from the perusal of more voluminous systems (which often serve to perplex and confound rather than instruct the young and ignorant), nothing but the most celebrated theories and modes of treatment, and the most approved surgical operations, are here described and recommended. And in order to impress them the more easily upon the memory, and render them familiar to the student, they are thrown into the form of dialogue,

or

or rather catechism, by which young surgeons, for whose improvement this work is chiefly intended, may be enabled mutually to catechise and instruct each other.

The advantages arising from such exercises have been already in some degree experienced, and known to be attended with the best effects. In a society lately instituted at EDINBURGH, under the title of the *Chirurgo-Physical*, besides two papers on medical subjects, a *chirurgical question* is discussed at every meeting, to the great improvement of its members; several of whom, now practising in different parts of the globe, have acknowledged, that they have received more instruction from the discussion of these questions, than from the solitary perusal of whole volumes.

This form of question and answer renders the work also a very proper companion for such as mean to be examined at

Surgeons-Hall, or before any of the senior surgeons, by qualifying them to give distinct and proper answers upon every subject in surgery. Many apothecaries, too, who, though they have not been regularly bred, are nevertheless often consulted by their patients, and who cannot be supposed to have time to peruse larger works, it is presumed, will find their account in consulting this System. For the benefit, however, of such as have leisure and inclination to consult larger works upon particular subjects, and in order to facilitate their progress in their study of surgery, the synonyms of every species and variety of disease, adopted by the most celebrated authors, are subjoined as notes, in the order of their arrangement.

In a word, the Author humbly hopes the work will be found useful to all, who wish to be possessed of a complete, concise, and

and comprehensive system of modern surgery, as he presumes it exhibits, in a very small compass, a more extensive knowledge of the Art of Surgery, than can be found in any publication of its size, that has yet made its appearance in this country.

DEFINITION

OF THE

CLASSES, ORDERS, AND GENERA.

CLASS I.

TUMORES.

WHEN the size of any part of the animal body is increased by any cause beyond the natural state.

ORD. I. ACUTUS.

Tumours, rapid in their growth ; for the most part attended with pain, and requiring an immediate cure.

GEN. I. SUPPURANS.

Tumours, readily running into suppuration.

GEN. II. PHLOGISTICA.

Inflammatory tumours, which can seldom or ever be brought into a proper state of suppuration,

ration, and whose resolution must, in every case, be attempted; terminating in a thin acrid discharge of serum, not convertible into proper pus.

GEN. III. FLATUOSA.

Tumours containing, chiefly, air.

ORD. II. ENCYSTIS.

Tumours, completely surrounded with a covering, or cyst.

GEN. IV. PURIFORMIS.

Encysted tumours, whose contents are pus.

GEN. V. HYDROPS.

Encysted tumours, containing water.

GEN. VI. SANGUINEA.

Encysted tumours, whose contents are blood.

GEN. VII. PULTACEA.

Encysted tumours, containing matter of a pultaceous consistence.

ORD. III. ECTOPIA.

Tumours, occasioned by a change of situation of some parts of the solids of the body.

GEN. VIII. HERNIA.

Tumours, occasioned by a displacement of some parts of the bowels through some of the
outlet

CLAVIS CLASSIUM, &c.

ORD.	GEN.	SPEC. &c.	ORD. IV. Continued.	GEN.	SPEC. &c.
I. TUMORES.	I. ACUTUS.	I. SUPPURANS. { Phlegmone Mastodynia Inflammatio Testiculi Cynanche Tonsillaris Hepatitis Parulis	II. APOCENOS.	XIII. CALLOSA.	{ Condyloma Clavis Verruca
		II. PHLOGISTICA. { Erysipelas Femio Paronychia Ophthalmia Phrenitis Paraphimosis Var. §. Phimosis		XIV. OSSEA.	{ Exostosis Nodus Spina ventosa Spina genu articuli
		III. FLATUOSA. { Emphysema Tympanites		XV. TRAUMATICA.	{ Partia
		IV. PURIFORMIS. { Abscessus A. Antri Maxillaris B. Hepaticus C. Lumbaris D. Pulmonicus Staphyloma Hypopyon Empyema		XVI. SYMPTOMATICA.	{ Epitaxis Hæmoptysis Hæmatemesis Hæmaturia
		V. HYDROPS. { Hydrothorax Ascites A. Anasarca Hydrocele Hydrops Sacci Herniosi Ascites Funis Spermatici Hydrops Ovarii Hydrophthalia Hydrarthrus Hydrops Bursæ Mucofæ Var. §. Ganglion Spina Bifida		XVII. PURIFLUXUS.	{ Simplex Æglops Ulcusculæ oris Otorrhœa Sinus Fistula A. Ani B. Perinæi C. Lachrymalis
II. TUMORES.	II. ENCYSTIS.	VI. SANGUINEA. { Aneurisma A. Spuria B. Varicosa Varix A. Circocele B. Thrombus C. Hemorrhoidis Hematocoele Scroti Pectoralis Oculi Articuli	III. VITIA.	XVIII. VISCIDA.	{ Scrofula Syphilitica
		VII. PULTACEA. { Atheroma Meliceris Steatoma Ranula		XIX. ICHORA.	{ Cancer Caries § Odontalgia
		VIII. HERNIA. { Bubonocoele Var. A. Epiplocele B. Splenocoele C. Enterocoele D. Cytocele E. Hepatocoele F. Hylirocele G. Hernia Congenita Hernia Ventralis Var. eadem ut in Bubonocoele Merocoele, Var. eadem ut in Bubonocoele Exomphalocoele Hernia ovarialis Ichtiocoele Elytrocele		XX. SANIES.	{ Scorbutus Ozæna
		IX. PROLAPSUS. { Hylieroptosis Exania Paraglossæ Hypostaphile Exophthalmia Ectropium Entropium		XXI. SERIFLUXUS.	{ Coryza Epiphora Eneuresis
		X. LUXATIO. { Ossium Capitis Nasi Ossis Maxillaris Ossium Capitis et Colli Ossis Costæ Ossis Humeri Ulnæ Ossium Carpi et Digiti Ossis femoris Patellæ Tibiæ et Fibulæ Ossium Malleoli & Calcis		XXII. MUCOSÆ.	{ Gonorrhœa virulenta Pyuria
III. TUMORES.	III. ECTOPIA.	XI. GLANDULOSA. { Scirrhus A. Sarcocoele B. Mammæ C. Prostatæ Glandis D. Uteri E. Lingue F. Labii inferioris G. Bulbi oculi Scrofula Var. A. Articularis Bronchocoele Polypus Nasi Uteri Meati Auditorii	IV. VITIA.	XXIII. CRUENTA.	{ Vulnus A. Incisum B. Punctura C. Laceratura D. Contusura E. Moritura F. Sclopetoplagia Fractura complicata A. Thlasia B. Fractura complicata ossum extremitatum
		XII. CARNEA. { Sarcoma Var. A. Hordeolum B. Pterygium C. Epulis D. Tonsillaris E. Fungus		XXIV. INCRUENTA.	{ Fractura Simplex Ossium Nasi Facies Thoracis Spinæ Scapulæ Ossis Humeri Ulnæ, radii, &c. Femoris Patellæ Tibiæ, Fibulæ, &c.
				XXV. CUTANEUS.	{ Excoriatio Rhagis
				XXVI. ESCHARA.	{ Combustura Sphecelus
				XXVII. NATURALIS.	{ Lagocheilos Hypopadiales
IV. TUMORES.	IV. CHRONICUS.			XXVIII. CONSTRICTURA.	{ Suffocatio A. Sub. aqua Aglutitio Dysœcœa Ichuria
				XXIX. VERSICOLOR.	{ Cataracta Leucoma
				XXX. IMPERFORATUS.	{ Imperforatus anus Imperforatus meatus auditorius Carcens ore Nasus imperforatus Hymen imperforatum Dentitio
				XXXI. CONCRETIO.	{ Ancyloblepharon Synizesis Adhesio ab urethritica Ancyloglossum Dactylon
				XXXII. MUSCULOSA.	{ Caput obstipum Strabismus
V. TUMORES.	V. CHRONICUS.			XXXIII. OSSIFICA.	{ Vacillatio Lordosis Gibbositas Distortio ossium pelvis.

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outlet passages of the abdomen, and covered with a partial cyst of the peritoneum.

GEN. IX. PROLAPSUS.

Tumours, occasioned by a naked displacement of any part visible to the eye, and without any partial covering.

GEN. X. LUXATIO.

A displacement of the bones occasioning tumour, attended with a laceration of ligaments.

ORD. IV. CHRONICUS.

Tumours, slow in their growth, not attended with pain, and not running into suppuration.

GEN. XI. GLANDULOSA.

Tumours, chiefly affecting the conglobate glands.

GEN. XII. CARNEA.

Tumours, of a fleshy consistence.

GEN. XIII. CALLOSA.

Tumours, of a firmer consistence than flesh, and softer than bone.

GEN. XIV. OSSEA.

Tumours, of the nature of bone.

CLASS

CLASS II.

APOCENOSES.

MORBID discharges of any kind of fluid from the body, in greater quantity, or oftener, than usual.

ORD. I. HEMORRHAGIA.

Discharges of blood.

GEN. XV TRAUMATICA.

Discharges of blood, occasioned by some local cause.

GEN. XVI. SYMPTOMATICA.

Discharges of blood, occurring in different parts of the body, and not arising from a local cause.

ORD. II. ULCUS.

Discharges of various kinds of matter different from blood, from old wounds, &c.

GEN. XVII. PURIFLUXUS.

Ulcers, discharging pus.

GEN.

GEN. XVIII. VISCIDA.

Ulcers, discharging tough matter, thicker than pus.

GEN. XIX. ICHORA.

Ulcers, discharging a thin, red, acrid matter, corroding the neighbouring parts.

GEN. XX. SANIES.

Ulcers, discharging matter of a thin, greenish, acrid nature.

ORD. III. SECERNENDA.

Discharges from increased secretions.

GEN. XXI. SERIFLUXUS.

Secretions of a ferous nature.

GEN. XXII. MUCOSA.

Secretions of a mucous nature from mucous surfaces.

CLASS III.

VITIA.

FAULTS arising from a change in the habit, number, order, or other qualities of the solids, appearing on the surface of the body, so as to be visible to the eye, or internally impairing the general health, occasioning deformity, and sometimes attended with death.

ORD. I. DYALITICA.

Arising from a loss of continuity.

GEN. XXIII. CRUENTA.

Loss of continuity, attended with an effusion of blood, and a division of the corresponding integuments.

GEN. XXIV. INCRUENTA.

Loss of continuity, not attended with an effusion of blood or wound in the corresponding integuments.

GEN. XXV. CUTANEUS.

Loss of continuity, not deeper than the skin.

GEN.

GEN. XXVI. ESCHARA.

Division of a part, in the form of an eschar.

GEN. XXVII. NATURALIS.

Natural loss of continuity.

ORD. II. OBSTRUCTIO.

An impediment to the reception or discharging of any kind of matter into or from the body.

GEN. XXVIII. CONSTRICTURA.

When the diameter of any of the natural passages is diminished by spasmodic affections, &c.

GEN. XXIX. VERSICOLOR.

When obstruction is occasioned merely from a change of colour.

GEN. XXX. IMPERFORATUS.

When any of the natural passages are imperious from the birth.

GEN. XXXI. CONCRETIO.

When parts have grown together in consequence of inflammation.

ORD. III. DISTORTIO.

Having a bend to one side, occasioning deformity either in the soft parts or in the bones.

GEN.

GEN. XXXII. MUSCULOSA.

When the deformity is owing to muscular contraction.

GEN. XXXIII. OSSIFICA.

When a deformity is occasioned from a fault in the bones.

CLASS I.

TUMORES.

ORD. I. ACUTUS.

GEN. I. SUPPURANS.

PHLEGMONE*.

Q. 1. *What is a Phlegmone?*

A. It is a spheroidal tumour, attended with heat, redness, pain, quick and hard pulse, tension, and a degree of pyrexia, when it is considerable; upon extracting blood it always shews an inflammatory crust.

Q. 2. *In what manner does Phlegmone terminate?*

* Phlegmone, *Linnaeus, Sagarus, Sauvagesius, et Cullenus.*

† Febris Inflammatoria, *Hoffman.* Morbus acutus febrilis, *Boerhaave.* Morbus febrilis phlogisticus, *Linnaeus.*

A. Upon the whole of the symptoms (Q. 1.) subsiding, and the tumour discussing, it is said to terminate by *resolution*. When the symptoms continue for some time to advance, and a quantity of serum is thrown out by the inflamed vessels, which liquor is again converted into a mild white thick matter, named Pus, the affection is then said to terminate by SUPPURATION. But when the symptoms still continue to advance, and the tumour shows no tendency either to resolution or suppuration, and the tone of the part at last comes to be destroyed, GANGRENE is said to take place. When a portion of the gangrenous part begins to separate from the sound, SPHACELUS is said to take place. When neither of these occurs, and a gland has been inflamed for some time, an indolent hardness ensues, and the affection is said to terminate in SCIRRHUS.

Q. 3. *How is Phlegmone distinguished from Erysipelas?*

A. In Phlegmone the tumour is more circumscribed and prominent; it proceeds deeper in the skin: its contents, when
sup-

suppuration takes place, are generally pus, whereas in Erysipelas the discharge is thin and acrid, and the swelling more diffused and superficial.

Q. 4. *What are the remote causes of Phlegmone?*

A. All stimuli, whether chemical or mechanical, acting either on the fluids or solids of the body, either applied externally to the surface of the body, or taken internally. A plethoric state of the system at the time may, in every case, be considered as a predisposing cause.

Q. 5. *What is the proximate cause of Phlegmone?*

A. The proximate cause of Phlegmone is that of inflammation in general. A variety of theories have been advanced to explain it; such as, a PARTIAL DEBILITY of the part, which, being in a weaker state than the rest of the system, a congestion of blood takes place, from which the tension, redness, and pain, proceed. Another theory has been given, viz. that a LENTOR of the FLUIDS

takes place, and occasions an obstruction of the vessels of the part. Others again allege, that it depends on an *ERROR LOCI*; that red globules are pushed forwards in vessels intended only to convey serum. Others again imagine it to be owing to a *SPASMODIC CONSTRICTION* affecting the extreme vessels: all of which theories are liable to many objections. The method of cure, however, seems to correspond best with the last.

Q. 6. What Prognosis can be given of Inflammation in general?

A. The Prognosis must be always more or less favourable, in proportion to the extent and situation of the Inflammation; and to its terminating either by resolution or suppuration. Either of these terminations occurring on the surface of the body, a favourable prognosis may be given, particularly if it is not extensive, and the degree of pyrexia is moderate. But, when the bowels are any way inflamed, or when the symptoms run so high as to threaten mortification, even on the surface of
the

the body, the Prognosis should be always guarded.

Q. 7. *What is the most proper method of treating Phlegmone?*

A. The mode of treatment must be that of inflammation in general; to endeavour, as much as possible, to effect a resolution, (Q. 2.) by a strict antiphlogistic regimen; to promote suppuration, (Q. 2.) if we fail in discussing it; and when we fail in both, to endeavour to mitigate or obviate the symptoms of gangrene from proceeding to too great a height.

Q. 8. *What are the principal articles of the Antiphlogistic Regimen?*

A. The principal article of it is, a removal of all the remote causes, (Q. 4.) and particularly plethora, which, being a predisponent cause, is to be obviated by blood-letting, both general and topical. Stimuli of all kinds, tending to increase the action of the sanguiferous system, or to hurry respiration, are to be avoided; such as motion of the body, and external heat. Instead of these, cooling and

astringent applications to the part are to be used ; and the posture of the body that employs least of its muscles is to be chosen. Avoiding the stimulus of thirst is particularly necessary, by drinking plentifully of cooling, acescent, and diluent liquors. Purging also, as it tends to obviate plethora, and to remove costiveness, which in every case must prove stimulant to the system, becomes a necessary article of the antiphlogistic regimen. A vegetable diet is also to be used during the whole course of the affection.

Q. 9. *How is the operation of Blood-letting executed?*

A. Both surgeon and patient are to be seated, unless the patient be in bed. A proper light is to be procured ; for which purpose candles are to be used, if necessary. Then the vein is to be elevated by producing an accumulation of blood in it, by the application of a proper bandage, to be applied with such tightness, as to prevent the blood in the veins from returning into the heart ; but not so strait, as to obstruct the circulation in the arteries. An incision is now to be made

made in an oblique direction, neither longitudinally along the vein, nor directly across it. After the surgeon has placed his thumb an inch and half below the ligature, he is to pass the point of his lancet gradually forward into the vein; as soon as he is sensible, from the want of resistance, that he has got fairly within it, he makes the incision obliquely forward, and withdraws the instrument. As soon as the quantity of blood wished for is extracted, the ligature is to be slackened, and the edges of the orifice cleared from any particles of blood, that may adhere to the vein. They are to be applied in the closest manner, and retained in that state by a bit of adhesive plaister, or a bandage, until a cicatrice is formed. Topical blood-letting is executed by the application of leeches, as near as possible to the part affected; or by a scarificator, or an instrument with a number of lancets acted upon by a spring. As soon as the wound is made by these, a cup, exhausted of its atmospheric air, applied over the orifices, makes them bleed freely, owing to the pressure of the atmospheric air being taken off.

Q. 10. *After Resolution has become impracticable, how is Suppuration effected?*

A. To promote a Suppuration, a quite contrary plan must be adopted. The application of external heat, by means of warm poultices, to the part, seems essentially necessary; giving the patient at the same time a full diet, and cordials, if the discharge in attempting a resolution has been considerable. Also rubbing at the same time greasy substances on the surface of the inflamed part, to prevent the admission of the cool air, becomes a necessary article in promoting suppuration.

Q. 11. *When the symptoms run high, so as neither to yield to suppuration nor resolution, how are the symptoms of approaching Mortification to be mitigated?*

A. When the inflammation runs exceedingly high, and no limits have been as yet fixed, so as to determine how far it may proceed, the general symptoms are to be mitigated by blood-letting. But here great caution is necessary; for when the progress of the inflammation is known with certainty, further evacuations are to be prevented, and
such

such remedies, as tend most powerfully to support the *vis vitæ*, are to be administered; such as wine, a nourishing diet, and as much bark as the stomach can bear, at proper intervals. Opiates are to be likewise used, and the application of topical stimuli to the part, as the volatile alkali. Vegetable acids have been found to be of service in effecting a separation of the mortified parts from the contiguous sound parts. . As soon as this takes place, the disease acquires the name of sphacelus, particularly if any portion of muscle is separated.

BUBO*.

Syn. INFLAMMATION of the GLANDS.

Q. 12. *What is a Bubo?*

A. It is a suppurating tumour of the conglobate glands in the groin, for the most part arising from venereal virus carried by the lymphatics to the part affected.

* Bubo, *Sauvagesius*, *Cullenus*, *Sagarus*, *Linnaeus*.

Q. 13.

Q. 13. *In what manner are Buboes to be treated?*

A. By using a strict antiphlogistic regimen to promote a resolution; particularly by the application of leeches to the hardened gland. When this fails, and the tumour has a tendency to suppuration, it is to be encouraged by all the remedies laid down (Q. 10.) for phlegmone. In discussing venereal buboes, the application of mercurial ointment to the lymphatics of the part has a considerable effect.

Q. 14. *After Suppuration is completely formed, are we to allow the tumours to burst of themselves? Or are we to open them by the knife, or by caustic?*

A. Each of these methods have their abettors. The application of caustic seems to be dangerous, from its chance of meeting with some of the considerable blood-vessels, which generally lie contiguous to the bubo, and corroding them. Buboes, when opened by the knife, are said to heal more difficultly, and a scar is generally left behind them.

Allow-

Allowing them, therefore, to burst of themselves, is generally proper, except when the collection is so considerable, as to press upon the neighbouring blood-vessels. In such a case, a small incision may be made by the lancet, so as to allow the contents of the tumour to be discharged, taking care at the same time, to prevent the admission of the external air into the wound, as much as possible. When the edges of the opening grow callous, the application of lunar caustic to them becomes necessary. Mercury, joined with opium, is to be used during the remaining part of the cure.

MASTODYNIA*.

Syn. INFLAMMATION of the BREAST.

Q. 15. *In a case of an Inflammation of the Mammæ are we to promote a Suppuration, or attempt a Resolution?*

A. In the early stages of the affection, resolution is to be always attempted; but when

* Mastodynia, *Sauvagesius*, *Cullen*. Mastodynia Phlegmonoides, *Castro*.

the swelling seems to have any tendency to suppuration, a resolution is never to be attempted. The remedies recommended (Q. 7.) for inflammation in general seem useful in every case of Inflammation of the Mammæ: only it is to be observed, that sudden evacuations of blood have a tendency to diminish the milk, if the patient happens to be nursing at the time. Blood, in such cases, is to be extracted in small quantities at a time. The application of cooling saturnine poultices is adviseable. Where suppuration has however taken place, the matter is to be discharged by making an incision in the most depending part of the tumour.

INFLAMMATIO TESTICULI*.

Syn. HERNIA HUMORALIS.

Q. 16. *How is Inflammation of the Testicle to be treated?*

A. The remedies recommended for the cure of inflammation in general (Q. 7.) are

* Phlegmone Testiculi, *Riverius*. Gonorrhœa, in Scrotum dilapsa.

exceedingly

exceedingly proper in every case of inflamed testicle. When the swelling arises from the matter of gonorrhœa being stopped suddenly by the use of astringent injections, nothing so readily alleviates the complaint, as a return of the discharge, which is promoted by the application of warm poultices to the penis, using also at the same time topical blood-letting.

CYNANCHE TONSILLARIS*.

Syn. INFLAMMATION of the TONSILS.

Q. 17. *How is Inflammation of the Tonsils to be treated?*

A. The method of cure recommended for inflammation in general (Q. 7.) seems equally proper here, particularly topical blood-letting; which may be executed by an instrument invented for scarifying the throat. When resolution cannot be effected by these means, suppuration is to be promoted by the application of warm poultices to the part

* *Cynanche Tonsillaris, Sauvagesius.* Angina, quarta species, *Boerhaave.* *Synanche, Græcor.*

externally, and as soon as suppuration is fully formed by these means, the matter is to be discharged, by making an incision into the tumour, by the instrument recommended for scarifying the throat; and the sore heals readily by an astringent gargle of alum or oak bark.

HEPATITIS*.

Syn. INFLAMMATION of the LIVER.

Q. 18. *How is Inflammation of the Liver distinguished?*

A. There is more or less stomachic affection produced. There is also generally a pain in the region of the liver and top of the shoulder, and a yellowness of the skin is perceived over all the body.

Q. 19. *How is Inflammation of the Liver to be treated?*

A. By the remedies already recommended for inflammation in general. (Q. 7.) Mercury

* Hepatitis, *Sauvagesius*, *Cullenus*, *Sagarus*, *Linnaeus*, & *Vogelius*. Febris Ictereoideus, *Galen*. Febris Typhoides, *Forest*. Inflammatio Hepatitis, *Sennert*. Dolor Hypochondrii dextri, *Bonnet*.

also is found to be of considerable service in removing the inflammation. When suppuration is however once formed, it is to be treated as abscess in general.

PARULIS*.

Syn. GUM BOIL.

Q. 20. *What are the causes of Gum Boils?*

A. Cold, external violence, a fit of the tooth-ach, and a portion of the jaw becoming carious.

Q. 21. *How are Gum Boils to be treated?*

A. When they arise from a carious tooth, a removal of it becomes necessary, in order to effect a cure. But when the socket is carious, or a portion of the bone itself, suppuration is to be attempted by applying roasted figs to the gums internally, so as to favour the abscess to burst inwardly. In this way exfoliation of the diseased bone takes place more readily, and the abscess afterwards heals in the common manner.

* Parulis, *Vogelius, Sagarus.* Parulis odontagra, *Heister.*
Rheumatismus odontalgicus, *Hoffman.*

GEN. II. PHLOGISTICA.

ERYSIPELAS*.

Syn. ROSE.

Q. 22. *What is Erysipelas?*

A. It is a diffused red purple swelling, which spreads itself irregularly over the skin, attended with a burning heat. Upon applying the thumb, it changes to a white colour upon its being removed, but is immediately succeeded by the same red colour again. This swelling is sometimes said to shift its place. It for the most part terminates in small vesicles, which discharge a thin acrid serum, and which in the course of a few days drop off in small scales. The affection is distinguished from phlegmone by Q. 3.

Q. 23. *What is the best mode of treating Erysipelas?*

A. The method recommended for the cure of inflammation in general is also to be at-

* Erysipelas, Sauvagesius, Cullenus, Vogelius, Sagarus. Rosa, Ignis Sacer, Sermus.

tempted

tempted in Erysipelas. Although a resolution cannot be immediately effected, yet suppuration must not be in any case encouraged, unless the symptoms run so high as to threaten gangrene; as experience has proved, that sores of the erysipelatous kind are more difficult to heal than others. On this account topical bleedings cannot be so safely used here as in other inflammations. Farinaceous powders are recommended, to prevent the acrid serum discharged from the vesicles from corroding the skin.

PERNIO*.

Syn. CHILBLAIN.

Q. 24. *What is a Pernio?*

A. It is an inflammatory swelling of a purple colour, affecting the extremities of the fingers and toes, attended with a stinging pain, and a degree of itching. It sometimes cracks, and discharges an acrid serum. At other times a mortification takes place, and an ulcer is produced very unfavourable for healing.

* Pernio, *Linnaeus, Vogelius, Blancardus, Sauvagesius.*

Q. 25. *What is the cause of Pernio?*

A. It is owing to the weaker action of the small vessels most remote from the heart, occasioned by cold or dampness, and occurring more frequently in people of a delicate constitution, particularly those of a scrofulous nature.

Q. 26. *How is Pernio to be treated?*

A. When the patient has been some time exposed to the cold, and the parts are frost-bitten, plunging them immediately into the coldest water is to be attempted, rubbing them at the same time with salt. In less degrees of the affection, when the parts are only benumbed, rubbing them with camphorated spirits of wine answers equally well; at the same time avoiding the occasional causes. But when cracks take place, and an oozing of acrid matter ensues, poultices may be continued for a short time only, as fungous excrescences are apt to be formed by too long an application of them.

PARONYCHIA*.

Syn. WHITLOW.

Q. 27. *What is a Paronychia?*

A. It is a painful and burning swelling at the extremities of the fingers, terminating in an effusion of clear serum below the skin, which is sometimes so acrid, as to corrode the periosteum, and render the bones carious. At other times the inflammation runs so high, that the whole of the arm swells, particularly the lymphatics; and sometimes even the glands in the axilla.

Q. 28. *How is a case of Paronychia to be treated?*

A. When this affection arises from external violence, as from puncture or contusion, the remedies recommended for inflammation in general (Q. 7.) will be found to be of service. When it arises, however, from unknown causes, the appli-

* Paronychia. *Linnaeus, Sauvagesius, Vogelius, Sagarus, Cullenus.*

cation of ardent spirits or astringents to the part has been found useful, particularly when preceded by topical and general bleedings. But when an effusion of a serous matter takes place, it is immediately to be discharged, as it can seldom or ever, by any means in our power, be converted into proper pus. When this serum has, however, continued for some time, and the bone has been rendered carious, to effect a complete cure, a removal of the whole bone, or of the carious portion, becomes necessary.

OPHTHALMIA*.

INFLAMMATION OF THE EYE-LIDS AND EYE-BALL.

Q. 29. *What is Ophthalmia?*

A. It is a pain, redness and swelling of the eye itself, or its membranes, so as to

* Ophthalmia, *Sagarus*, *Linnaeus*, *Vogelius*. Ophthalmites
Chemosis, *Vogelius*. Pituita, *Horatius*. Lippitudo, *Celsus*. Oculi
Inflammatiō, *Dolor Oculi*, *Sennert*.

render it incapable to bear the impressions of light, and generally attended with a discharge of hot, acrid serum, from the eye itself.

Q. 30. *What are the causes of Ophthalmia?*

A. External injuries; extraneous bodies, inserted between the eye-lid and eye itself, acting either by their chemical or mechanical irritation; excessive light; too frequent examination of minute bodies; repeated intoxication; irritation produced by other diseases of the eye itself; excessive heat; the quantity of blood sent to the head increased, or its return from the head being prevented. Diseases in other parts of the body, as the lues venerea or scrofula, may be also a cause of ophthalmia.

Q. 31. *In what manner is Ophthalmia to be treated.*

A. A removal of the causes (Q. 30.) is in every case necessary to effect a cure. When the disease depends upon some extraneous body, acting either chemically or

mechanically upon the part, it is to be removed by elevating the eye-lid with a probe, contrived for the purpose, and bent like a hook. If it happens to be a minute body, as a particle of sand, it is to be washed out by water injected from a small syringe; as soon as this is effected, the eye is to be kept close for some time, and a strict antiphlogistic regimen is necessary. (Q. 8.) Topical bleedings, particularly about the temples, are found to be of considerable service. Scarifying the turgid vessels on the sclerotic coat, with a small convex scalpel, is often attended with the best effects, using at the same time cooling and astringent applications; as saccharum saturni, in the form of watery solution. Opiates also are successfully used to diminish the morbid sensibility acquired by the disease. It may be topically applied in the form of watery solution, dropped into the eye. Blisters, also, by removing a plethoric state, have been found to be of some service. Not exposing the eye to very strong lights, and bathing it for some time in cold water after the inflammation has subsided, are said

said to prevent a return of the affection. In some cases, when ophthalmia has occurred periodically, bark has been found to be of some service.

PHRENITIS*.

INFLAMMATION OF THE BRAIN.

Q. 32. *What is a Phrenitis?*

A. It is an inflamed state of the brain or its membranes, attended with exquisite pain, inability to bear the impressions of light and sound, and for the most part accompanied by delirium.

Q. 33. *What are the causes of Phrenitis?*

A. External violence, though not attended with a fracture of the bones of the cranium, may be a cause merely by the commotion or concussion irritating it to such a degree as to promote inflammation. Portions of the cranium beat in upon the dura

* Phrenitis, Cullenus, Sauvagesius, Sagarus, Linneus, Vogelius. Phrenitiasis, Castel. Sphalerus, Galeni. Cephalitis, Sauvagesius.

mater, concussions attended with simple fracture though not attended with a depression of the bone, yet the admission of the air through the fissure may be a cause of inflammation, where a plethoric state of the system prevails, that alone may be a cause of Phrenitis. Poisons taken into the system have also this effect.

Q. 34. In what manner is Inflammation of the Brain distinguished from concussion or compression of the brain?

A. In an inflammation of the brain the pupils are not dilated, and they are very sensible to the impressions of light. The pulse is firm and hard from the first. It is particularly distinguished from concussion in its not appearing until some time after the accident; whereas in concussion the symptoms occur immediately upon the injury being inflicted. In some cases the inflammation occurs the second or third day after the accident, while at other times it does not occur for several weeks, when the patient appears dull and stupid, nausea soon takes place, he is disturbed in his sleep,
the

the face is flushed, and the eyes are somewhat inflamed. If a wound is present on the cranium, an erysipelatous appearance spreads around it; towards the latter end of the affection subfultus tendinum takes place, together with other convulsive affections, an involuntary discharge of urine and fæces follows, and death at last closes the scene. When these symptoms take place without any external injury being the cause, the nature of the complaint is easily distinguished from compression.

Q. 35. How is Phrenitis to be cured?

A. The same mode of treatment recommended for inflammation in general (Q. 7.) is also proper in a cure of Phrenitis. A strict antiphlogistic regimen is to be observed, by extracting blood in such quantities, and at proper intervals, as the system can bear, from the jugular veins, and by leeches applied to the temples. Cathartics, as they determine the blood from the head, are exceedingly proper. With the same view pediluvium may be successfully used. The application of cooling saturnine poultices

tices to the part, or vinegar rubbed on the head, has been found to be of some service. A large blister laid over the head, in many cases, has been found to be of the utmost advantage.

PARAPHIMOSIS*.

Q. 36. *What is a Paraphimosis?*

A. It is a retraction of the præputium penis behind the glans penis, so that it cannot be drawn over the glans, owing to too great a fulness of the glans itself, produced by inflammation, occasioned by venereal virus, or any other acrid substance lurking behind the glans under the prepuce. Sometimes it may depend upon a stricture of the prepuce itself, being enlarged by inflammation, so as to obstruct the circulation in the glans, which occurs sometimes to such a degree, as to produce a mortification of it.

Q. 37. *How is a Paraphimosis cured?*

A. In the early stages of the affection,

* Paraphimosis, *Vogelius*.

merely pressing the blood out of the glans by the fingers allows the præputium to come over the glans, at the same time applying cooling saturnine applications to the glans. When the symptoms of inflammation still proceed, and a mortification is in danger of ensuing from the stricture, making a deep scarification over the stricture by a common lancet generally removes it.

VAR. § PHIMOSIS*.

Q. 38. *What is a Phimosis?*

A. It is an inflammatory swelling of the prepuce, arising from the same causes as that of paraphimosis, occurring to such a degree as to render it impossible to draw the prepuce behind the glans.

Q. 39. *How is a Phimosis cured?*

A. The same remedies recommended for inflammation in general are commonly proper here. Fomenting the part with

* Phimosis, *Sauvagesius*, *Linnaeus*, *Vogelius*. Phimosis circumligata, *Astruc*.

warm water and poultices seems to be of considerable service, at the same time topical bleedings are necessary. When these methods fail, recourse is had to a surgical operation.

Q. 40. *How is the operation for Phimosis performed?*

A. By dividing the prepuce longitudinally by a knife conducted in a directory, which is to be first inserted betwixt the prepuce and glans. Upon withdrawing the knife the operation is executed, and the stricture removed,

GEN. III. *FLATUOSA*,

EMPHYSEMA*.

Syn. AIR SWELLING OF THE THORAX,

Q. 41. *What is an Emphysema?*

A. It is a diffused, colourless, elastic swelling, which, upon pressure, is attended with a crackling noise.

* Emphysema, *Sauvagesius*, *Linneus*. Pneumatosis, *Cullenus*, *Sagarus*, *Vogelius*. Empneumatosis, *Aurelian*. Hyderos, *Galenus*.

Q. 42.

Q. 42. *What is the cause of Emphysema?*

A. It may arise from a rupture of some of the air vessels of the lungs, by violent exertions of laughing, crying, coughing; from erosions of the air vessels of the lungs, by ulceration, by the end of a fractured rib pushed in upon the lungs, or by a broken vertebra.

Q. 43. *In what manner is Emphysema distinguished from a collection of other fluids within the thorax?*

A. By the crackling noise occasioned by it, the rapidity of the swelling, and the sudden oppression of breathing produced.

Q. 44. *In what manner is a case of Emphysema to be treated?*

A. By allowing the air to escape by small incisions made in the integuments, the symptoms may be palliated. When this fails, a trocar is to be introduced cautiously into the thorax in a slanting direction, and in such a manner as to avoid wounding the lungs. When the air has escaped through the canula, the obliquity of the puncture serves

serves the purpose of a valve, and prevents the admission of the external air into the thorax.

TYMPANITES*.

Syn. AIR SWELLING OF THE ABDOMEN.

Q. 45. *What is a Tympanites?*

A. It is an elastic, colourless swelling, which, upon touching, gives a sound similar to that of a drum, occasioned by some of the hepatic air of the intestines escaping through a rupture of some of them, by a hole eroded in them, by some acrid substance, or sharp pointed body penetrating through them, or by worms. It is easily distinguished from dropical swellings by the weight and want of fluctuation, which is generally observed in hydropic swellings.

Q. 46. *How is Tympanites to be treated?*

A. By allowing the air to escape through a fine canula of a small trocar, and that in

* Tympanites, Sagarus, Cullenus, Vogelius, Linnaeus, Sauvagesius. Tympana, Galenus. Tympanita, Sennert. Hydrops loccus, Hippoc.

a gradual manner. The trocar is to be introduced in the same manner as recommended for the Emphysema (Q. 44.), at the same time the bowels are to be supported by a proper bandage, which is to be gradually tightened, as the air escapes, in order to prevent fainting and violent degrees of inflammation, which would be apt to take place in the bowels, from a great degree of plethora being produced by their being deprived of the support given by the air upon its being abstracted suddenly. In some cases, where the bandages have been omitted, dangerous hæmorrhages were said to take place.

ORD. II. ENCYSTIS.

GEN. IV. PURIFORMIS.

ABSCESSUS*.

Syn. ABSCESS, BOIL.

Q. 47. *What is an Abscess?*

A. It is a cyst of purulent matter formed in consequence of inflammation (Q. 10).

Q. 48. *In what manner is an abscess to be treated?*

A. As soon as we are certain of pus being once fully formed by the symptoms of inflammation ceasing (Q. 2), and by the fluctuation felt through the integuments, the contents of the abscess are in every case to be discharged, by making an incision into the most depending part of the tumour. When the tumour is, however, of considerable size, and when matter is allowed to remain for some time, a free discharge of the tumour

* Abscessus, *Linnaeus*, et *Vogelius*. Apostema, *Sauvagesius*, *Sagarus*, et *Cullenus*.

will not always effect a cure, for another collection will be apt to form in the same cyst. To prevent this, the cavity of the cyst must be destroyed altogether by producing a certain degree of inflammation on its surface, which will seldom fail to effect an adhesion, and lastly a concretion of the sides of the sac.

Q. 49. *What is the best mode of exciting this certain degree of Inflammation?*

A. Various substances have been recommended to excite it, such as caustic, acid injections thrown into the sac, and the free admission of the external air. Other substances, acting by their mechanical irritation, produce a sufficient degree of inflammation, as the introduction of a cord by means of a long probe, introduced by a previous incision into the highest point of the tumour, and which is to be pushed downwards until the end of the probe is felt at the inferior part of the tumour. An incision is to be made directly on the point of the probe, which is allowed now to pass through the abscess, carrying the cord

E

after

after it. The cord being now allowed to remain, by its mechanical irritation on the inside of the sac produces the necessary degree of inflammation, and by drawing it forward from time to time, the matter is allowed to escape along with it. As soon as the sides of the sac begin to adhere, the cord is to be removed altogether, and by gentle pressure the inflamed sides of the sac are to be kept in contact, and the cure completed.

VAR. A. ABSCESSUS PULMONALIS*.

Syn. LUNG BOIL.

Q. 50. *How is an Abscess of the Lungs to be treated?*

A. As soon as an abscess of the lungs is distinguished by the tumour pointing through the integuments, to prevent its bursting suddenly, and occasioning immediate suffocation, its contents are to be discharged, by making an incision through the integuments upon the part the tumour

*Vomica, *Linnaeus*, *Vogelius*, & *Gullenus*.

points to. When the incision has penetrated into the cavity of the thorax, the seat of the abscess is to be explored by the finger, and an incision made into it as soon as it is discovered, which is to be afterwards kept open by a hollow bougie or tube until the wound fills from the bottom.

VAR. B. ABSCESSUS HEPATICUS*.

Syn. ABSCESS OF THE LIVER.

Q. 51. *How is an Abscess of the Liver distinguished?*

A. By proper attention to the preceding inflammation, by the enlargement of the region of the liver, and by the shivering fits which generally occur. Sometimes a fluctuation is evidently felt through the integuments of the abdomen. A discharge of pus, by the anus, sometimes takes place from adhesions of the liver and colon. There has been some instances of the abscess bursting through the diaphragm into the thorax.

* Hepatalgia, *Sauvagesius*, *Sagarus*. Hepatalgia Apostematosa, *Bartholin*.

Q. 52. *How is an Abscess of the Liver to be treated?*

A. When once the existence of an abscess is fully ascertained (Q. 51.), particularly when it points through the integuments of the abdomen, the mode of treatment is exactly similar to that recommended (Q. 50.) for abscess of the lungs.

VAR. C. ABSCESSUS LUMBARIS*.

Syn. LUMBAR ABSCESS.

Q. 53. *How is a Lumbar Abscess distinguished?*

A. As these abscesses are generally formed on the anterior part of the os sacrum, they may be sometimes mistaken for lumbago, and at other times they have a strong resemblance to nephritic affections. No discolouration of integuments takes place for the most part; however, fluctuation of matter is generally perceived. The con-

* Lumbago Psoadica, *Fordyce*. Lumbago Apostematosa, et Ischias ex Abscessu, *Sennert*. Morbus coxanus, *De Haen*. Arthropuous, *Cullenus*.

tents of the tumour sometimes get down behind the peritoneum, and point outwardly towards the anus. By its getting down along with the great blood-vessels, below Poupart's ligament, it assumes the appearance of crural hernia; but may be easily distinguished from it, by no symptom accompanying hernia taking place.

Q. 54. *How is a Lumbar Abscess to be treated?*

A. By the same remedies recommended for abscess in general; by emptying the tumour by free incisions, and by the frequent use of mild astringent injections; but the discharge is commonly so enormous, and the hectic fever so violent, that the patient, in most cases, falls a victim to the disease, notwithstanding the most vigorous exertions of art.

VAR. D. ABSCESSUS ANTRI MAXILLARIS.

Q. 55. *How is an Abscess of the Antrum Maxillare distinguished from Tooth-ach and other affections of the cheek?*

A. By a pain and uneasiness first beginning in the cheek, and extending upwards

to the eyes, nose, and ears, together with a swelling, which, in the latter stages of the disease, tends to a point most frequently in the centre of the cheek. Sometimes a discharge takes place between the roots of the great molares, when they happen to penetrate the antrum. Sometimes a discharge of matter from the nostrils takes place; particularly when the patient lies on the opposite side to the tumour, with his head low,

Q. 56. *What are the Causes of Abscess of the Antrum Maxillare?*

A. The cause may be that of inflammation in general; such as, violent fits of the tooth-ach, occasioning excessive pain and inflammation of the membranes of the nose and antrum. Cold may have also similar effects, and may be a cause.

Q. 57. *How is an Abscess of the Antrum Maxillare cured?*

A. By giving a free discharge to the contents of the tumour, by making a perforation through one of the sockets of the great molares, the sockets of which sometimes

times penetrate the antrum. When this occurs, there is no occasion for any other perforation. The best mode of making the perforation is by a trocar, drilled through the socket into the antrum. As soon as the whole of the matter is discharged, a plug may be introduced into the perforation, which may be removed from time to time, to allow the matter to run out; and to admit astringent solutions of bark to be thrown up occasionally into the cavity of the antrum. In this way a cure is obtained, if the bones happen to be found. But if they are carious, it is impossible to expect a cure, until the diseased portions of the bone exfoliate, and be removed. When clotted blood is found in the antrum, it is to be removed in the same manner. Sometimes the bones of the antrum begin to swell, and no matter is found upon opening the antrum. In such a case the operation does harm. No external application has been as yet discovered, capable of removing such swelling. A long-continued course of mercury has been found to be of some service.

STAPHYLOMA*.

Syn. ABSCESS WITHIN THE EYE-BALL.

Q. 58. *What is a Staphyloma?*

A. It is an abscess formed within the coats of the eye, and being of a purulent nature renders the aqueous humour so opaque, as to prevent the rays of light from falling upon the retina. A pain is felt over the whole eye, which generally, however, retains its usual form.

Q. 59. *How is Staphyloma cured?*

A. In the same manner as recommended for abscess in general; by discharging the contents of the tumour; by making an incision into the most prominent part of the cornea. As soon as the aqueous humour, and the purulent matter are discharged, the eye should be covered with a slight compress, using at the same time a strict antiphlogistic regimen (Q. 8.), to prevent inflammation from taking place.

* Staphyloma, *Sauvagesius, Vogelius.*

HYPOPYON*.

Syn. ABSCESS BETWEEN THE COATS OF THE
EYE-BALL.

Q. 60. *How is Hypopyon distinguished?*

A. It is an abscess formed between the coats of the eye-ball by inflammation, and is distinguished from staphyloma, by a particular portion of the eye being only affected; by the pain being felt in one place only, and by the contents of the cyst elevating a small portion of the eye above the rest.

Q. 61. *How is Hypopyon to be cured?*

A. In the same manner as recommended for staphyloma. When fungous excrescencies arise from the incision made into the cornea, they are to be eaten down by escharotics.

* Hypopyon, *Vogelius*.

EMPYEMA*.

Q. 62. *What is an Empyema?*

A. It is a collection of pus formed within the cavity of the pleura costalis, in consequence of inflammation, and attended with difficulty of breathing, from its pressure upon the lungs.

Q. 63. *In what manner is Empyema to be treated?*

A. When the seat of the abscess is fully ascertained, by the tumour pointing out between two of the ribs, a free discharge is to be given to the pus, by making an incision into the abscess. This operation has been termed *Paracentesis of the Thorax*.

Q. 64. *How is the operation of Paracentesis of the Thorax executed?*

A. The patient is to be laid in an horizontal posture; then an incision is to be made with a scalpel, two inches long, between the sixth and seventh ribs, in the

* Empyema, *Sauvagesius*, *Linnaeus*, *Cullenus*, *Vogelius*.

direction of the bones, and half way between the sternum and spine. (This method is to be attempted when there is reason to suspect that pus is collected within the whole cavity of the pleura, and when the abscess does not point to any particular part.) In making this incision, the superior part of each rib is to be avoided, on account of the groove, situated within it, for lodging the blood-vessels and nerves. The intercostal muscles being divided, and the pleura laid bare, it is to be cautiously divided by slight scratches, to avoid all risk of wounding the lungs, should they happen to adhere to the pleura. If this happens to take place, the surgeon is immediately to desist, and make an attempt in some other place. When no adhesion takes place, the matter is immediately discharged by the opening, into which a canula is now to be introduced, and the matter allowed to run out in a gradual manner, to prevent any alarming symptom (Q. 46.) from taking place; as the same advantage cannot be here obtained from a bandage, as in cases of fluids collected within the abdomen.

abdomen. The skin being drawn past its natural situation, when the first incision is made, answers the effect of a valve, in excluding the air from the lungs, by its regaining its natural situation, and covering the incision made through the intercostal muscles. The skin may be daily drawn, so as that the incision in the integuments may correspond with that in the intercostal muscles and pleura, to allow the matter to run off. This method seems preferable to the perpetual use of a canula, which seldom fails to irritate the surface of the lungs considerably.

Q. 65. When Matter is collected in both sides of the Thorax, how is the case to be treated?

A. As the admission of the external air into the cavity of the thorax presses upon the lungs, and produces a degree of suffocation, when one side of the thorax only is opened; when matter is collected on both sides, therefore, the affection is to be entirely removed on one side, before an attempt is to be made to open the other.

To

To prevent the air from pressing upon the lungs, and occasioning oppression to too great a degree, by its being allowed to remain between the lungs and pleura, let the patient make a full inspiration, as soon as the canula is removed; or, let an elastic bottle be applied to the wound in the pleura, and it will extract the air into its cavity. To produce a radical cure, by exciting a certain degree of inflammation, between the lungs and pleura, so as to produce a concretion of them (Q. 48,), is not as yet confirmed by experience. There is, however, a great probability of its succeeding, from adhesions daily taking place between them, being discovered by dissection; and yet the person laboured not under any considerable inconvenience. Dr. MONRO recommends a seton to be introduced into the side, by means of a curved trocar. Allowing the seton to remain for some days, it will produce a sufficient degree of inflammation.

Q. 66. *How is the Seat of Abscess of the Thorax, or Lungs, ascertained?*

A. When the patient throws up pus by the mouth, we may be certain it comes from the lungs; but, though this does not happen, the disease may still exist in the lungs. When pus is effused within one side of the pleura only, the patient lies easiest on the affected side. When the abscess lies near the surface, it may be observed by the integuments, which are sometimes found thickened.

GEN. V. *HYDROPS.*

HYDROTHORAX.*

CHEST DROPSY.

Q. 67. *What is an Hydrothorax?*

A. It is a collection of water within the cavity of the chest impeding the motion of the heart, and of the organs of respiration.

* Hydrothorax, *Sauvagesius*, *Cullenus*, & *Sagarus*. Hydrops Pulmonis, *Hippoc.* Hydrothorax Pleuræ, *Hoffman*.

Q. 68. *What are the Diagnostic Symptoms of Hydrothorax?*

A. When a general hydropic diathesis of the system prevails; when, upon placing the hand upon the sternum, and raising the patient suddenly from a horizontal to an erect posture, the undulation of the water is felt dashing against the sternum; when a degree of inflammation has preceded the affection; for inflammation of the pleura has been often found to terminate by a serous effusion into the cavity of the thorax. The urine is also generally scanty and high coloured; the patient has a dry tickling cough, with little or no expectoration, and is always attended with oppression; the sleep is much disturbed, and, as the disease advances, the pulse grows weaker and more irregular. When the water is collected on one side only, for the most part, that side is more prominent, and the patient lies easier on the affected side. It is difficult to distinguish a dropsey of the pericardium from that of the rest of the thorax. When a dropsey of it occurs, the pain is generally felt

felt about the middle of the sternum; and the stroke of the pulse is, as it were, buried below water.

Q. 69. *How is Hydrothorax to be cured?*

A. Medicine has little effect in removing the affection. Squills, cremor tartari, and mercury, sometimes, are attended with advantage. But the only method of cure, that can in any way be depended upon, is the removing of the water by chirurgical operation, which is to be executed in the same way, and with the same precautions, as recommended for (Q. 64.) removing collections of pus.

ASCITES*.

Syn. DROPSY OF THE BELLY.

Q. 70. *What is Ascites?*

A. It is an equal colourless swelling over the whole of the abdomen, occasioned by a serous fluid effused within the cavity of the peritoneum.

* Ascites, Sauvagesius, Sagarus, Linnaeus, Vogelius.

Q. 71. *How is Ascites distinguished from other Swellings of the Abdomen?*

A. By the fluctuation of the water, where it can be perceived; by oppression of breathing, particularly when in the horizontal posture, much thirst, and scarcity of urine: the patient is pale, and the umbilicus is pushed outwards; whereas in an enlargement of the abdomen by a fall, it is sunk inwards.

Q. 72. *What are the causes of Ascites?*

A. It may be caused by an increased exhalation or morbid secretion into the cavity of the peritoneum; or, it may depend upon undue inhalation, or absorption. It may be merely local, and produced by compression upon the lymphatics; by scirrhoties of the bowels, particularly the liver.* It may depend also upon a thinness of the blood itself, or upon a rupture of some of the lymphatics or lacteals†, or it may depend upon a general hydropic dia-

* *Ascites ab Hepate, Bonet.* † *Ascites artificiales, Lower.*

thesis of the system; and may be combined with anasarca.

Q. 73. *How is Ascites cured?*

A. When the disease depends upon a general hydropic affection of the system, it becomes very formidable, and a cure is seldom obtained in persons after forty years of age. Medicine has little effect in removing the affection. Drastring purges of mercury, jalap, and cream of tartar, are sometimes attended with success. Some stimulants acting upon the kidneys, in some cases, have been found to answer; such as the squill, fox-glove, &c. In order to effect a palliative cure, the water is sometimes drawn off by a surgical operation. Sometimes the pressure of the water upon the kidneys prevents the further secretion of urine.

Q. 74. *What is the best mode of performing the operation of Paracentesis of the Abdomen?*

A. The patient is to be laid in a horizontal posture, and fitted with a bandage,

as

as recommended for tympanites (Q. 46.). The course of the epigastric artery is to be avoided in making the puncture, which should be made by a lancet-pointed flat trocar, half way between the os ilium & umbilicus, in a slanting direction. The bandage is to be gradually tightened as the water runs off. If the patient begins to faint (Q. 46.), notwithstanding the bandage, the flow is to be stopped, by placing the point of the finger upon the canula. If the flow happens to stop suddenly, a blunt probe, having one of its ends curved, is to be introduced, to remove any portion of bowel that may obstruct the canula. As soon as the whole of the water is removed, in this manner, the canula is to be withdrawn, and the wound is to be covered with simple ointment, and the abdomen rubbed over with spirit of wine.

VAR. *A. ANASARCA*.*

Q. 75. *What is an Anasarca?*

A. It is a soft colourless swelling, of either a part or the whole body, retaining the impression of the finger for some time, and occasioned by a serous effusion between the cellular substance, and sometimes even between the muscular fibres.

Q. 76. *What is the cause of Anasarca?*

A. Debility in a part, occasioned by contusion or some external violence, may produce a partial anasarca. It may, in some instances, also depend upon mechanical pressure on the lymphatics, owing to tumours; or it may depend upon a division of them by accident. An universal anasarca of the whole body depends upon the same causes as general ascites (Q. 72.).

Q. 77. *How is Anasarca cured?*

A. When the affection depends upon a

* *Anasarca, Sauvagesius, Coilenus, Vogelius, Linnæus.*

general

general hydropic diathesis of the system, a cure can be obtained only by a removal of the primary affection. When the affection, however, is only local, and depending upon a local cause, as debility from sprains or contusions, the cure is to be attempted by supporting the part with a laced stocking, especially when it happens to be the extremities, using friction, at the same time, to promote absorption. When the swelling is not diminished by these means, removing it, by puncturing the part, is found to answer in some cases. Violent degrees of inflammation often succeed such punctures, which are to be obviated by applying saturnine applications to the punctures. When gangrene is threatened, it is to be obviated by wine and bark. When the affection depends upon a pressure upon the lymphatics of the part, a cure is generally obtained upon the pressure being removed. When the affection depends upon a division of the lymphatics, small punctures from time to time are found to remove the affection.

HYDROCELE*.

Q. 78. *What is a Hydrocele?*

A. It is generally understood to be a collection of water within the tunica vaginalis of the testicles,† or the membranes of the scrotum.

Q. 79. *What are the Diagnostic Symptoms of Hydrocele?*

A. Hydrocele is distinguished from hernia by the tumour in hernia being more unequal to the touch. The swelling in hydrocele always begins in the inferior part of the scrotum; whereas in hernia the swelling always begins at the top, and extends gradually downwards. In hernia, the spermatic chord is scarcely distinguished in its course; while in hydrocele, for the most part, it is distinguished throughout the whole course of the disease. In hernia, a fluctuation is seldom perceptible, while in hydrocele a fluctuation is almost always perceived; besides, the other symptoms attending hernia are wanting.

* Hydrocele, *Cullenus, Sauvagesius, Vogelius.*

† *Pott.*

Hydrocele is distinguished from encysted dropsy of the chord by the swelling lying on the superior part of the scrotum; whereas in hydrocele it lies at the inferior part of the scrotum. It is easily distinguished from a scirrhus testicle, from the scirrhus testicle being hard, firm, and not yielding upon pressure; from the roughness and inequality attending it; from the stinging pain, and from the great weight in proportion to its bulk. In hydrocele, the swelling is compressible, little pain takes place, and the tumour is light in proportion to its bulk. By exposing it to the light of a candle, it seems transparent, if the contents of the sac be clear, and if the vaginal coat has not acquired too great a thickness. In some cases hernia takes place at the same time. In such cases the diagnostic symptoms are more complicated.

Q. 80. *In what manner does Hydrocele begin and terminate?*

A. A tumour first begins at the inferior part of the scrotum, which disappears upon pressure; but as it increases it becomes more tense, and the rugæ of the scrotum become

less perceptible, until at last they entirely disappear. The tumour now appears more conical, with its apex towards the abdomen; the penis also disappears, owing to the weight of the tumour pulling down the skin of the neighbouring parts along with it. The scrotum becomes at last so very tense, that fluctuation can scarcely be perceived in it; and after it has continued for some time in this state, it at last bursts, and the whole water is suddenly discharged.

Q. 81. *What are the causes of Hydrocele of the Tunica Vaginalis Testis?*

A. The causes of hydrocele are the same with those of dropsy in general. In the state of health a small quantity of aqueous exhalation for lubricating the surface of the testicle takes place. This quantity may be morbidly increased, or the power of the absorbing system diminished. In either of these cases it may prove a cause of hydrocele.

Q. 82. *How is Hydrocele to be treated?*

A. The disease may be palliated by a removal of the water, as recommended for
dropsy

dropſy in general, by making an incifion by the lancet, or by Mr. Andre's flat trocar, with a lancet-point, introduced in an oblique direction cautiously on the anterior and bottom of the tumour. As ſoon as the whole of the water is removed, the canula is to be withdrawn, and the wound on the ſcrotum is to be cured with ſome adhesive plaifter. The ſcrotum is then to be ſupported by a T bandage, and the patient is to be confined to bed for a few days, until the parts in ſome meaſure recover their tone. To promote a radical cure, few external or internal medicines have any effect. Some mild mercurial purges, given once or twice a week, and applying at the ſame time a ſolution of ſaccharum ſaturni to the part, has been known to be of ſervice in ſome caſes. After all theſe have failed, a cure is only to be obtained by a ſurgical operation, the chief intention of which is to produce an accretion of the ſides of the ſac together, ſo as to obliterate its cavity.

Q. 83. *How is the Operation for the radical Cure of Hydrocele performed?*

A. Various methods have been proposed and recommended for exciting a certain degree of inflammation in the tunica vaginalis of the testicle, such as the application of caustic, the introduction of a seton (Q. 49.), throwing in air, and acrid injections, and making an incision by the knife, so as to admit the cool air freely into the cavity of the tunica vaginalis. The latter method is generally preferred. It is executed by making an incision with a round edged scalpel through the integuments, from the top to the bottom of the tumour. Then, with a lancet, an incision is to be made in the tunica vaginalis of the testicle, large enough to allow the finger to be introduced, which now serves as a directory for conducting a straight probe-pointed scalpel, with which an opening is to be made, by dividing the superior part of the tunica vaginalis. Then the opening is to be extended downwards to the most inferior point of the tumour, unless the skin be much thickened. There is no occasion for
removing

removing any portion of it. The state of the testicle is to be immediately examined, and, if it is found, it is to be instantly covered and defended from the air, and a piece of soft lint introduced between the lips of the wound, so as to produce a proper degree of inflammation. But when the inflammation runs too high, it is to be moderated by blood-letting, and the other parts of the antiphlogistic regimen, applying, at the same time, warm emollient poultices over the part to favour a plentiful suppuration, which is always necessary for the cure. The patient is to be confined to bed until the swelling subsides, which will generally happen in a few days. In this manner a cure is, for the most part, obtained in the course of five or six weeks. When both sides of the scrotum are affected at the same time, the first side is to be allowed to heal, before a cure is to be attempted on the other, as the danger attending the operation arises from the extent of surface exposed to inflame. Dr. MONRO has found*, that the most successful time for executing this operation is to attempt it

* Dr. *Monro's* Prælectiones.

very soon after the palliative method has been once executed, before it begins to increase again. In this stage, the extent of surface exposed to inflame is much less, and the danger attending the operation more inconsiderable.

Q. 84. *What Prognosis can be given of the Operation for Hydrocele?*

A. In very old people of infirm constitutions, and otherwise diseased, the prognosis may be doubtful. But, in constitutions otherwise healthy, and when a simple hydrocele only takes place, little or no danger can arise from an operation for the radical cure. The danger must be always more or less considerable in proportion to the size of the tumour, and the extent of surface exposed to inflame.

Q. 85. *How are Anasarcæ Swellings of the Scrotum to be treated?*

A. By removing the water by scarification, punctures, &c. When anasarcous swellings of the scrotum arise from an ulcer in the urethra of a venereal nature, such ulcers are to be cured by a long continued use of mercury,

mercury, inserting a bougie into the urethra, and removing the callous edges by the scalpel.

HYDROPS SACCI HERNIOSI.

Q. 86. How is a Dropsical Swelling of the Herniary Sac distinguished?

A. The water can be made, by pressure, to pass into the cavity of the abdomen. In no other species of dropsical swellings does this take place.

Q. 87. How is a Dropsical Swelling of a Herniary Sac to be treated?

A. Unless the patient submits to the operation for hernia, no attempt is to be made to promote a radical cure, particularly if the bowels protrude. The utmost that can be done is to draw off the water by a small trocar.

ASCITES FUNIS SPERMATICI.

Q. 88. In what manner is Encysted Dropsy of the Spermatic Chord distinguished?

A. It is distinguished from hydrocele tunicae

tunicæ vaginalis, by (Q. 79) the testicle being found, in this species of swelling, always on the back part of the tumour, and unconnected with it. The size of the penis is not so much altered. It may be distinguished from hernia by the touch, and from the swelling not beginning first at the ring of the oblique muscles.

Q. 89. *In what manner is Encysted Dropsy of the Chord to be cured?*

A. By the same radical method as recommended for the cure of hydrocele tunicæ vaginalis testis, or a palliative cure may be obtained by discharging the water.

Q. 90. *In what manner are Anasarous Swellings of the Chord produced?*

A. They are occasioned by an hydropic diathesis prevailing in the system, or by some affection of the lymphatics of the part. They may also be entirely local.

Q. 91. *How is an Anasarous Swelling of the Chord distinguished?*

A. It is easily distinguished from dropical swellings

swellings of the tunica vaginalis testis, from the water being not collected in a cyst of the peritoneum. It is distinguished from hernia by the symptoms attending hernia being wanting; and from the encysted dropfy of the chord by the touch, not being elastic, and by the fluctuation being imperceptible, which is the contrary in the encysted dropfy of the chord.

Q. 92. *In what manner are Anasarcaous Swellings of the Chord to be treated?*

A. By removing the general hydropic disposition, if present, and by discharging the water by puncture, as recommended for anasarca in general (Q. 77), and with the same precautions.

HYDROPS OVARII.*

Q. 93. *How is Dropisy of the Ovaria to be treated?*

A. No operation can be attempted for its

* Ascites Ovarii, *Sauvagesius*. Ascites Saccatus, *Merkleni*. Ascites ab Ovariis, *Mead*.

cure,

cure, unless the disease has advanced to a considerable size, as the nature of it can then be more easily ascertained from its situation, and from its occupying one side of the abdomen only. The method of cure must be the same as that recommended for ascites. A radical cure can scarcely be expected, from the situation of the part, and from the contents being confined in a hard cyst. The absorbent system acted upon by any medicines can have little effect.

HYDROPTHALMIA.*

Syn. DROPSY OF THE EYE-BALL.

Q. 94. *What are the Diagnostic Symptoms of Dropfical Swellings in the Eye-ball?*

A. The distinction in the latter stages of dropfical swellings of the eyes is not easy, as they may be mistaken for staphyloma; but, in the early stages they may be easily distinguished, from the eye being somewhat enlarged,

*Hydrophthalmia, *Vogelius*. Staphyloma, *Sauvagesius*.

and still sensible to the impressions of light. It may be also distinguished from staphyloma by the colour of the aqueous humour of the eye, and from the one immediately succeeding inflammation. The pain attending dropfical swellings is at first very inconsiderable, except in the very last stages of the affection, when the distention alone renders the disease distressing.

Q. 95. *How is Dropsy of the Eye-ball to be treated?*

A. The chief indication in the cure, is to restore the sight as soon as possible, which may be destroyed by the deformity occasioned by the distention of the eye, from the water not allowing the rays of light to collect before they fall upon the retina. This alone may prevent vision, independant of any other morbid affection of the eye. To prevent this, a small incision is to be made either in the inferior part of the lucid cornea, or in the posterior chamber of the aqueous humour of the eye, to allow the water to run out. Such remedies as are found to answer best for the removal of the general affection

of the system, and for promoting absorption, are to be used.

HYDARTHUS*.

Syn. DROPSY OF THE JOINTS.

Q. 96. What are the Diagnostic Symptoms of Dropsical Swellings of the Joints?

A. When dropsy of the capsular ligaments occurs, the fluid passes with ease from one side of the joint to the other. Whereas in swellings of the bursæ, mucosæ it is more circumscribed. It is also distinguished from anasarca swelling of the cellular substance, by the affection extending beyond the joint.

Q. 97. How is Dropsy of the Knee to be treated?

A. By removing the hydropic disposition of the system, if present, and by drawing off the water by an opening made into the joint. The greatest attention is however here necessary, to prevent the free access of the external

* Hydarthus, *Sauvagesius*, *Cullenus*, *Sagarus*.

air into the cavity of the joint, which is liable to very high degrees of inflammation.

HYDROPS BURSAE MUCOSÆ.

Q. 98. *What are the causes of Dropfical Swellings of the Bursa Mucosæ?*

A. Such dropfical collections may sometimes arise from rheumatism; which in some cases terminate by a serous effusion within the Bursa; or it may be the consequence of sprains or contusions. It is distinguished from dropfical swellings of the joints by Q. 96.

Q. 99. *How are Dropfical Swellings of the Bursa Mucosæ to be treated?*

A. When the affection arises from rheumatism, friction upon the part, and blisters are sometimes attended with the best effects. But when the affection arises from sprains, the matter contained in the Bursa can seldom be made to disappear. In such a case an opening is to be made into the sac, when it can be with propriety executed. But when

G 2

this

this is impracticable from the contiguity of nerves and tendons, a seton or cord is to be introduced (Q. 49), and a cure is soon effected.

VAR. §. GANGLION.

Q. 100. *What is a Ganglion?*

A. It is a small moveable tumour, formed by a distention of some of the bursæ mucosæ at the wrist of the hand, and containing a clear viscid matter.

Q. 101. *How are Ganglions to be cured?*

A. By either removing them by the scalpel, or diminishing their size by pressure. Friction may be also used. Their contents may be allowed to run off by making a perforation into them with a fine needle.

SPINA BIFIDA*.

Q. 102. *What is a Spina Bifida?*

A. It is a soft swelling on the spinous

* Hydrorachites, Sauvagesius, Sagarus, Cullenus. Spina Bifida, Vogelius. Spinola, Linnaeus.

processes, more commonly of the lumbar vertebræ, occasioned by a collection of serum within the natural covering of the spinal marrow, and is sometimes accompanied with hydrocephalus.

Q. 103. *How is a Spina Bifida to be treated?*

A. All that can be done for it is to support the tumour by a bandage. All the attempts ever made to discharge the contents of this kind of tumour proved unsuccessful, and the consequences have been generally fatal.

GEN. VI. *SANGUINEA*.

ANEURISMA*.

Q. 104. *What is an Aneurism.*

A. It is a morbid dilatation of the coats of an artery, and is distinguished from abscess by its being always situated in the course of an artery. In some cases, however, the

* Aneurisma, Sauvagesius, Sagarus, Cullenus, Linnaeus, Vogelius.

distinction is difficult. When the abscess is in contact with an artery, a pulsation may be felt distinctly through the tumour. The most essential character of Aneurism is when its contents are made to recede upon pressure, and to return again immediately upon the pressure being removed. A pulsation is generally felt throughout the whole course of the disease.

Q. 105. *In what manner does Aneurism terminate if not cured?*

A. The swelling, though at first of a small size, gradually advances. The skin still keeps its natural colour, and little pain is felt in the part. In a short time, however, the skin becomes pale, and the tumour yields partially upon pressure. The pain becomes now more considerable, and the skin begins to grow livid, and discharges for some time a bloody serum, until at last it becomes quite gangrenous, when all of a sudden the tumour bursts, and carries immediate death along with it, by the great discharge of blood from it, if it happens to be a dilatation of some considerable

able

able vessel, or if it has acquired an extraordinary size.

Q. 106. *What are the causes of Encysted* Aneurism?*

A. The cause may either may be a partial debility in the coats of an artery by violent blows, or the like, or it may arise from a want of resistance given to the coats of the artery from its being deprived of its usual support, owing to extensive portions of bone being removed by mortification, caries, &c. A resistance given to the passage of the fluids in the vessels often terminates in a dilatation of them. The prick of a lancet, although it did not penetrate into the cavity of the artery, has been often found to occasion aneurism, from the debility it occasions in the coats of the artery.

Q. 107. *How is Aneurism to be treated?*

A. In the early stages of the affection, pressure is found to have some effect, when it

* Aneurisma verum, *Sauvagesius*.

is applied as soon as the blood is forced out of the sac, and when the patient is for some time kept upon a low diet to prevent plethora. But when this fails, recourse is to be had to a surgical operation, the chief indication of which is to obliterate the cavity of the artery altogether.

Q. 108. *How is the Operation for Encysted Aneurism executed?*

A. A longitudinal incision is to be made above the dilated part cautiously, so as to bring the artery into view. The incision is to be extended an inch above the dilated part. A ligature is now to be carried, by means of a blunt hook, behind the artery, which is to be surrounded by it, and tightened to such a degree, as to obliterate entirely its cavity. The circulation is still to be supported in the under part of the limb by the anastomosing branches, which gradually dilate, and prove at last sufficient for nourishing the arm. Warm applications are to be used to the parts below, to determine the blood more copiously into them.

Q. 109.

Q. 109. *What prognosis can be given of Aneurism?*

A. The prognosis must depend upon the manner in which the disease has been produced; upon the situation of it; upon the part and the progress of the swelling. When the swelling comes on in a slow and gradual manner, the prognosis is worse than when its progress is more rapid and owing to some accident. When the disease is high in the extremities, the prognosis is worse than when it is lower. In some cases an operation has succeeded, although it had been performed several inches above the elbow.

VAR. A. ANEURISMA SPURIA*.

Syn. DIFFUSED ANEURISM.

Q. 110. *How is Diffused Aneurism distinguished?*

A. By a diffused swelling of the integuments, occasioned by blood poured out

* Aneurisma spurium, Heister.

from an artery ruptured, into the cellular substance, occurring sometimes to such a degree, as to occasion a lividness and mortification of the whole limb. The cellular substance becomes at last indurated, and forms a sac, which, being gradually distended, bursts at last of a sudden, and terminates, as in encysted aneurism (Q. 105).

Q. 111. What are the causes of Diffused Aneurism?

A. It may arise from punctures of sharp-pointed instruments; or corrosive matter of sores, &c. destroying the coats of the contiguous artery. It is for the most part the consequence of blood-letting in the arm, from the lancet wounding the artery.

Q. 112. How is the Diffused Aneurism to be cured?

A. After making an incision along the course of the tumour, and removing all the clotted and extravasated blood, the orifice, from which the blood is poured out, is to be discovered by slackening the tourniquet, which is to be applied previous to the operation,

operation, to prevent hæmorrhagy. As soon as the opening is discovered, a ligature is to be applied, both above and below the part where the wound is discovered in the artery, and the remaining wound is to be dressed in the common method. For the cure of Diffused Aneurism, another method has been lately proposed, by Mr. Lambert, of performing the twisted suture upon the orifice of the artery. It has succeeded as yet in one case only. There are many objections stated against this method. Upon withdrawing the pins, a fresh Aneurism is produced. A partial debility is said to take place in the coats of the artery, which lays the foundation of a new Aneurism. The cavity of the artery is also much lessened.

VAR. B. ANEURISMA VARICOSA.

Syn. VARICOSE ANEURISM.

Q. 113. *What is a Varicose Aneurism?*

A. When blood rushes from a rupture of an artery into a vein, a dilatation of the coats of the vein is the consequence. It is distinguished

guished from the other varieties of the Aneurism, by a particular hissing noise, and tremulous motion, resembling the letter R. The pulse is also more feeble than that of the opposite arm. The affection is for the most part produced from the lancet, in the operation for blood-letting (Q. 9), passing through the opposite side of the vein into the artery.

Q. 114. How is Varicose Aneurism to be cured?

A. The progress of the Varicose Aneurism is not, in general, so rapid as it is in the other species of aneurism; for often, after it has acquired a certain size, it remains stationary, without acquiring any additional bulk. When the case, however, turns out otherwise, and the several symptoms (Q. 105.) take place, that attend aneurism, the method of cure must be exactly the same as recommended for encysted aneurism (Q. 107).

VARIX*.

Q. 115. *What is a Varix?*

A. It is a morbid dilatation of a vein, occasioned by the same causes as those of encysted aneurism (Q. 106).

Q. 116. *How is a Varix to be treated?*

A. In the same manner as recommended for aneurism (Q. 107).

VAR. A. CIRSOCELE†.

Syn. VARICOCELE.

Q. 117. *What is a Cirsocele?*

A. It is an enlargement of the spermatic veins, by pressure with a truss, or too tight breeches, forming hard tubercles, by the blood being prevented from returning to the heart.

* Varix, Sauvagesius, Cullenus, Sagarus, Linnæus, et Vogelius.

† Cirsocele, Vogelius, Blancardus.

Q. 118.

Q. 118. *How is Cirsocele to be treated?*

A. By avoiding the cause, a cure is generally obtained; by a removal of the cause, and by avoiding plethora.

VAR. B. THROMBUS.

Syn. VARIX SPURIA.

Q. 119. *What is a Thrombus?*

A. It is an effusion of blood into the cellular substance, from a rupture of a vein immediately below the cutis vera; or, by drawing the skin over the orifice in the vein, when performing the operation of blood-letting, a Thrombus is produced. The blood sometimes coagulates, and forms a cyst for itself, by indurating the surrounding cellular substance.

Q. 120. *How is a Thrombus to be treated?*

A. When a Thrombus occurs immediately after the operation of blood-letting, slackening the ligature may prevent any further effusion into the cellular substance; and
the

the quantity already effused may be absorbed. When this is not the case, recourse is generally had to astringents and other stimulant applications, such as brandy, and a solution of crude sal ammoniac, which is rubbed upon the part. Sometimes, however, the blood is coagulated; in such cases absorption cannot take place, therefore the tumour is to be opened, and the coagulated blood removed.

VAR. C. HÆMORRHOIS*.

Syn. PILES.

Q. 121. *What is an Hæmorrhoids?*

A. By Hæmorrhoids is understood a morbid dilatation of the veins about the anus. When they are distended to a great degree, they occasion violent pain and tenesmus, by the irritation they occasion in the rectum. They are at first elastic and compressible, when they are denominated BLIND PILES. By degrees, however, they distend, until at last they burst, when they get the denomina-

* Hæmorrhoids, *Cullenus*, *Sagarus*. *Marisca*, *Sarragesius*,

tion of BLEEDING PILES. The discharge of blood from them does not lessen their size. By the blood effused from them into the cellular substance, they acquire a harder and more solid consistence.

Q. 122. *What is the cause of Hæmorrhoids?*

A. By some they were supposed to be a critical discharge for removing morbid matter from the system, and were, in this manner, serviceable in removing and preventing plethoras. Any exciting cause is found to produce them; such as compression upon the vessels of the anus, by preventing the return of their blood into the head. In this way costiveness, gravid uterus, scirrhus tumours of the bladder and prostate gland, are found to be so often causes of Hæmorrhoids.

Q. 123. *How is Hæmorrhoids to be cured?*

A. When Hæmorrhoids is occasioned by costiveness, laxatives are proper. When the parts are inflamed, the application of leeches to the part is found to be of service,
applying

applying the same time some astringent solution, such as that of oak bark, saccharum saturni, or the like. When Hæmorrhoids are occasioned by pregnancy, changing a posture may have some effect. When they arrive to a considerable size, so as to produce great irritation, the removal of them by the knife, or by ligature, becomes necessary. The first of these may be used when their bases are broad; simple dressings are to be applied to them afterwards. But when the bases are narrow, removing them by ligature answers better, and little or no dressings are required.

HEMATOCELE SCROTI*.

Q. 124. *What is a Hematocele Scroti?*

A. It is a tumour occasioned by blood extravasated in the scrotum, tunica vaginalis, or in the spermatic chord, occasioned by some external violence, as blows inflicted on the scrotum, or neighbouring parts, producing a rupture of vessels.

* Oscheophyma, *Sauvagesius*. Hernia sanguinea, *Celsus*.

Q. 125. *How is Hematocele Scroti to be cured?*

A. By the use of friction and astringent applications to the part, absorption of the effused blood may take place. But when the blood is clotted, this is rendered impossible; in such a case, therefore, the blood is to be removed, as recommended for the radical cure of hydrocele (Q. 83).

HEMATOCELE PECTORALIS.

Syn. EFFUSIONS OF BLOOD WITHIN THE
PLEURA.

Q. 126. *What is the cause of Effusions of Blood within the Thorax?*

A. Wounds inflicted with sharp pointed instruments, penetrating the cavity of the blood-vessels. Sharp pieces of fractured bones may have this effect. Violent exertions of the lungs, in coughing and sneezing, or the like. The acrid matter of ulcers may also corrode holes in the blood-vessels.

Q. 127.

Q. 127. *How is Hematocele Pectoralis to be cured?*

A. When the symptoms attending collections of fluids within the thorax (Q. 78) appear immediately upon some injury or wound of the thorax; and when there is reason to suspect blood to be effused, it is to be removed in the same manner as recommended for collections of pus (Q. 64). But when the extravasated blood is found coagulated, injections of warm water are recommended to be thrown into the thorax to dissolve it. This, however, must be used with the greatest caution. The patient, during the cure, should be kept on a lower diet.

HEMATOCELE OCULI*.

Q. 128. *What are the causes of Effusions of Blood within the Eye-ball?*

A. External injuries, producing a rupture of vessels, occasion an effusion of blood into

*Ophthalmia traumatica, *Meyzerrey*.

the chambers of the eye. It may be likewise owing to inflammation, or to a putrid diathesis of the system.

Q. 129. *How are Effusions of Blood within the cavity of the eye to be treated?*

A. When such effusions take place, they mix with the aqueous humour, and render it so opaque, as to prevent the rays of light from falling upon the retina. A removal, therefore, of the aqueous humour, is to be executed in the same manner as recommended for dropical swellings of the eyeball (Q. 95). The aqueous humour, with the blood effused amongst it, being removed, the eye is to be covered by a soft compress of lint, moistened in a weak solution of saccharum saturni.

HEMATOCELE ARTICULI.

Q. 130. *How are Effusions of Blood within the Joints to be treated?*

A. As effusions of blood within the capsular ligaments of the joints depend upon

the same causes as effusions of blood within the other cavities of the body, the method of cure must be the same, viz. By removing them. This is executed in the same manner as recommended for dropfical swellings of the joints (Q. 97).

GEN. VII. *PULTACEA**.

ATHEROMA§.

Q. 131. *What is an Atheroma?*

A. It is an encysted tumour, containing matter of the consistence of dough, situated on those parts of the body that are less supplied with fat.

Q. 132. *How is an Atheromatous Tumour to be treated?*

A. When the tumour happens to be of a large size, so that the admission of the air into the cavity of the sac might prove dan-

* *Lupia, Sauvagesius, Cullenus, Blancardus, Sagarus. Encystis, Vogelius.*

§ *Atheroma, Linnaeus.*

gerous, by producing too high a degree of inflammation; a small opening is to be made, so as to allow the contents of the tumour to escape; but when the contents of the tumour are of such consistence as not to pass out by the ordinary incision, the opening is to be enlarged, or the whole of the sac with its contents may be removed. Very often the sac adheres but slightly to the contiguous soft parts. The sac is generally more easily removed, after the contents of the tumour have been previously discharged.

MELICERIS*.

Q. 133. *What is a Meliceris, and how is it to be treated?*

A. It is a tumour of a similar nature with athèroma, but containing matter of the consistence of honey, and is to be treated exactly in the same manner as recommended for atheroma.

* Meliceris, *Sagarus*. Lupia Meliceris, *Sauvagesius*.

STEATOMA*.

Q. 134. *What is a Steatoma?*

A. It is a tumour consisting of fatty matter, surrounded by a cyst formed of the contiguous cellular substance indurated. It is distinguished from atheroma (Q. 131.) by its being for the most part of a solid consistence; it moves more readily under the skin, and its surface is generally more unequal. It may be also distinguished from its occurring in those parts, which are more commonly covered with fat.

Q. 135. *How is a Steatoma to be cured?*

A. By removing it by the knife. An incision should be made longitudinally on the most prominent part of the tumour. There is no occasion for removing any portion of the integuments, except when the tumour is of too great a size, and the skin for covering the wound is too plentiful. In such cases, two semilunar incisions are to

* Steatoma, Sagarus.

be made, and a small piece from the centre is to be removed.

RANULA.

Q. 136. *What is a Ranula?*

A. It is a small tumour, situated at the frœnum of the tongue, containing matter of various degrees of consistence. Sometimes a fatty matter, at other times stoney concretions are found within them. They often acquire such a size, as to prevent mastication and speech, the patient being able to make only a croaking noise. Sometimes such tumours burst of themselves, and form an ulcer difficult of healing.

Q. 137. *How is Ranula to be treated?*

A. By making an incision into such tumours, when they happen to be of a fatty nature, and discharging their contents. In the removal of such tumours, the greatest caution is necessary to obviate the hemorrhagy, by taking some spirits of wine, or some astringent solution, into the mouth, to produce

produce a constriction of the vessels. When the tumour bursts of itself, and leaves an ulcer with callous edges, the callous edges are to be removed by the scalpel, and a cure is soon to be obtained.

ORD. III. *ECTOPIA**.GEN. VIII. *HERNIA*†.

Q. 138. *How is Hernia distinguished from every other genus of tumour?*

A. Hernia is distinguished from hydrocele by Q. 79. It is distinguished from swellings of the spermatic chord by Q. 88. It may be also confounded with other swellings of the groin, as venereal buboes. By a little attention, it may be distinguished from these by the incompressible hardness attending such tumours at first, and by feeling a fluctuation in them when matter is once fully formed. It is also easily distinguished from an enlarged state of the testicle, by the tumour being heavy in proportion to its bulk, and from the exquisite pain that is generally produced upon touching the epididymis. Hernia may also be distinguished by the pain and tension of

* *Ectopia*, Sauvagesius, Sagarus, Cullenus.

† *Hernia*, Cullenus, Pott, Linnaeus, Gaubius.

the abdomen, and obstructed bowels, which is one of the essential characters of Hernia. By attending also to the cause, the suddenness of the appearance, the pain, the feel of air when the intestines are protruded, the softness and inequality that are perceived when the omentum is pushed out, and by observing the size of the tumour always to increase upon coughing, crying, or the like, we can seldom fail to form a just diagnosis.

Q. 139. *What are the causes of Hernia?*

A. Whatever diminishes the cavity of the abdomen, pushes the bowels out of their natural situation, such as laughing, crying, sneezing, gravid uterus, &c. and every unusual exertion, producing a want of tone in the muscles and integuments of the abdomen, becomes also a cause of Hernia. Some allege that persons living on oily food are more liable to Hernia.

Q. 140. *From whence arises the danger of Hernia?*

A. From the obstruction of the fœces in the alimentary canal, and from the impediment

pediment given to the free course of the circulation in the protruded parts, by the openings through which the bowels escape forming a constriction on them, and occasioning what has been termed *strangulation* of Hernia. When such occurs, mortification is evidently the consequence, and the danger is exceedingly great, particularly when any organ essential to life is protruded; and though a small portion of the omentum only is protruded, still the danger attending it is considerable, from its paving the way for the protrusion of some bowel of more immediate importance to life, by enlarging the dimension of the opening.

Q. 141. *What are the symptoms of Strangulated Hernia?*

A. An elastic colourless swelling is always discovered in the part affected. Nausea and vomiting generally take place, and the patient is hot and restless. No discharge is procured by stool after these symptoms have continued for some time. A distressing convulsive hiccup ensues, when
all

all of a sudden the rest of the symptoms disappear, which sometimes will lead the patient to imagine that he is recovering; but when this occurs, it is a sign of approaching death. The pulse now becomes slow and interrupted; a cold sweat covers the extremities, the swelling and hardness of the abdomen subside, the eyes acquire a kind of languor, and the integuments of the abdomen a livid colour. A kind of crackling noise, like a dried bladder, is felt all over the body. The protruded parts are now returned with ease. At last subfultus tendinum occurs, and death closes the scene.

Q. 142. How is a Cure of the Strangulated Hernia to be treated?

A. By attempting to reduce the bowels as soon as possible. In executing this, it must be always observed, that the parts last protruded must be first reduced. The patient is to be laid in a horizontal posture, and the protruded parts reduced by the finger of the surgeon pressing gently in the direction of the opening, while with the
other

other hand he supports the tumour. When the surgeon fails to reduce it in this way, the posture of the patient is to be changed; he is to be raised on his head and shaken. The bowels have been sometimes reduced in this manner. Several remedies have been recommended, to remove the stricture at the openings in the rings of the abdominal muscles, in order to facilitate the reduction, from an opinion that this constriction was of a spasmodic nature. With this view blood-letting has been recommended. Little can be, however, expected from its antispasmodic effects upon the tendinous rings of the muscles. It may be of some service in diminishing the contents of the tumour, and in producing a deliquium animi. By extracting a quantity of blood as quickly as possible, and suddenly relaxing the ligature, a deliquium animi may be produced, particularly if the patient be kept in an erect posture. In this manner a reduction was effected, often after every other method had failed. Some have recommended warm poultices to be applied to the part, to relax the constriction, but this method can never be
with

with propriety attempted, as heat always tends to increase the size of the tumour, and of consequence to render the reduction more difficult. Some recommend the application of cold and snow* to the part, in order to diminish the size of the tumour. Stimulant purgatives may have some effect in producing a reduction, and in removing costiveness. Stimulant injections are, however, found to answer best; such as tobacco smoke. Opium injected by the anus is sometimes attended with good effects. When, notwithstanding every attempt, a reduction cannot be accomplished, the only expedient left, is to remove the constriction by a surgical operation.

* *Dr. Alex. Monro, Sen.*

BUBONOCELE*.

Syn. INGUINAL HERNIA, GROIN
RUPTURE.

Q. 143. *What is a Bubonocèle?*

A. It is a tumour formed in the groin by a protrusion of some of the bowels through the rings of the external oblique muscles. The varieties of this species of Hernia derive their names from the different bowels that happen to protrude, as

VAR. A. EPIFLOCELE, when the omentum is protruded.

B. SPLENOCELE, when the spleen is protruded.

C. ENTEROCELE, when the intestines protrude.

D. CYSTOCELE, when the bladder protrudes.

E. HEPATOCELE, when the liver is protruded.

* Bubonocèle, *Vogelius, Sagarus.*

F. HYSTEROCELE, when the uterus protrudes.

G. HERNIA CONGENITA*, when any part of the protruded bowels is in contact with the body of the testis, and the tunica vaginalis forms the herniary sac. It is more common in infants, owing to some parts of the bowels getting down with the testicle, before the opening through which the testicle passed was obliterated. The passing down of the bowels, in this manner, prevents the sides of the opening from coming into contact.

Q. 144. *When Bubonocoele has subsisted for some time, and when, from the symptoms, (Q. 141.) we are certain that strangulation has taken place, and that a reduction (Q. 142.) is become impossible, how is the constriction to be removed by a surgical operation?*

A. The patient, having emptied the bladder, is to be placed upon a table. An incision is to be now made cautiously, in a longitudinal direction, along the tumour. The

* Congenital Rupture, *Pott*.

cellular substance is to be dissected by gentle strokes, until the peritoneal sac appears, which is now to be opened by gentle scratches, to avoid hurting any of its contents. For sometimes the spermatic vessels have been found on the anterior parts of the tumour, and sometimes the testis continues in the abdomen during life. As soon as an opening is made into the sac, it is distinguished by a blunt probe, which easily passes in, if the sac be divided. The opening is to be enlarged, so as to admit of the fore-finger of the operator's left-hand to be introduced, which serves as a directory for conducting a straight probe-pointed scalpel, with which the sac is to be divided through its whole length. The bowels are now to be examined, and if they are not in a gangrenous state, they are to be immediately returned into the abdomen. When adhesions take place between the sac and bowels, they are to be cautiously separated by the fingers alone. But when one portion of intestine adheres to another, no attempt is to be made to disengage them. When portions of the omentum adhere, greater freedom

freedom may be used in disengaging them. When it happens also to be in a mortified state, a portion of it may be removed by the ligature. When a portion of the intestines is found mortified, all that can be done, is to endeavour to produce an adhesion of the end of the intestine above the mortified part to the external wound. The fæces may in this way be, for a considerable time, discharged by the wound. But when a considerable portion of the intestines is found mortified, all that can be done, is to remove the mortified part, and to draw, by means of ligature, the upper end within the under, and then to endeavour, by a ligature, to retain them in this situation until an accretion of the sides takes place. The chance of succeeding in such a case is exceedingly small. There are, however, some cures, related by authors, occurring in this manner. The bowels being replaced, and the external wound dressed with soft lint, the patient is to be laid in bed in such a manner, as to have the pelvis elevated above the trunk. The succeeding inflammation is to be cautiously

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guarded

guarded against by a strict antiphlogistic regimen. In performing this operation another method has been suggested by Monsieur PETITE, and strongly recommended by Dr. MONRO, of returning the bowels without opening the sac its whole length, but merely dilating the ring, or making a small cut into the neck of the sac, if the constriction seems to take place there (which is often the case). By this method the contents of the sac are not exposed to the external air, and the high degree of inflammation, which always attends the exposure of the bowels to the external air, is prevented.

Q. 145. Which of these two methods (Q. 144.) ought to be preferred?

A. When the strangulation is of short standing, and when the constriction at the neck of the sac is the sole cause of the failure in the reduction, and when we are certain that mortification of the bowels has not as yet taken place, Monsieur Petite's method, of all others, ought to be preferred.

red. But when the hernia is of long standing, and there is reason to suspect adhesions to take place betwixt the sac and bowels, or that mortification has already taken place, or that some filaments run across the sac and prevent the reduction, we are to lay open the sac. In some cases strangulation takes place, not at the ring of the muscle, but within the sac. Returning the sac unopened, in such a case, would be productive of no advantage, as the strangulation must still subsist.

Q. 146. *What prognosis can be given of the operation for Hernia?*

A. The danger from the operation is not considerable, when it is performed early. The danger always arises from its being delayed too long, for in some cases mortification has ensued within twelve hours after the strangulation took place, while in others the strangulation has been known to subsist for several days, and no mortification ensue.

HERNIA VENTRALIS*.

Syn. VENTRAL RUPTURE.

Q. 147. *What is a Ventral Hernia, and how is it to be treated?*

A. It is a protrusion of some of the bowels through the interstices of the muscles of the abdomen, owing to a partial debility of them, or to any violent exertion or injury, producing a loss of continuity between them. Its varieties may be the same as those of bubonocoele (Q. 143); the stomach may also protrude. The mode of treatment is exactly the same as that recommended (Q. 142 and 144) for bubonocoele.

MEROCELE†.

Syn. CRURAL, FEMORAL HERNIA.

Q. 148. *What is a Merocele?*

A. It is a protrusion of the bowels in the

* *Hernia Abdominalis, Plenck.*

† *Merocoele, Vogelius. Opodeocoele, Sagarus.*

arch below Poupart's ligament, where the great blood vessels are transmitted to the thigh. It arises from the same causes as that of hernia in general, and its varieties are the same with bubonocoele (Q. 143).

Q. 149. How is the Operation for Strangulated Merocele to be performed?

A. In performing this operation, the greatest caution is necessary, to avoid a number of considerable blood-vessels. The first incision is to be made in an oblique direction outwards, and in a line from the umbilicus. The ligament being brought into view, it is to be dissected by gentle scratches, until a thin lamella only remains, which is to be torn by the finger, inserted below it. In this manner the femoral artery running below is avoided, and the spermatic vessels, and epigastric artery, crossing one another, are in no danger of being touched. The bowels are now to be reduced by moderate pressure, and retained by a bandage. But it must be observed, that the same bandage does not answer here,

as in bubonocoele. A thin leathern strap, covered with some adhesive plaister, has been found to answer best.

EXOMPHALOCELE*.

Syn. UMBILICAL HERNIA, NAVEL
RUPTURE.

Q. 150. *How is the Operation for Strangulated Exomphalocoele performed?*

A. The operation is to be performed in the same manner as recommended for bubonocoele (Q. 144.) When this affection is the consequence of the gravid uterus, a cure is generally obtained as soon as delivery is effected. When the affection occurs in young children, applying a bandage, with some solid body in the heart of it, to act against the umbilicus, is found to prevent further protrusion of any of the bowels, after they have been once returned.

* Exomphalos, Pott. Omphalocoele, Sagarus.

HERNIA OVULARIS*.

Syn. HERNIA OF THE OVAL HOLE, THYROID RUPTURE.

Q. 151. *How is the Operation for Strangulated Hernia of the Oval Hole performed?*

A. As there are considerable blood-vessels transmitted through this hole, any portion of bowél slipping along with them cannot be so readily reduced; as the use of sharp-pointed instruments cannot be admitted with the same propriety here as in other cases of Hernia. It has been recommended, to dilate the opening by a blunt instrument, so as to effect a reduction.

ISCHIATOCELE†.

Syn. ISCHIATIC RUPTURE,

Q. 152. *What is an Ischiatocele; and how is it to be treated?*

A. It is a protrusion of some of the

* Hernia Ovularis, *Plenck*. Enterocoele Ovularis, *Vogelius*.

† Ischiatocele, *Vogelius*. Hernia Ischiatica, *Plenck*. Ischiocoele, *Sagarus*.

bowels

bowels through the ischiatic notch of the ossa innominata. It is said to be cured by reduction, as recommended for bubonocoele (Q. 142 and 144).

ELYTROCELE*.

Syn. VAGINAL HERNIA.

Q. 153. *What is Elythrocele; and how is it to be treated?*

A. It is a protrusion of the bowels through the vagina, owing to a suppression of urine. The bladder is sometimes found to protrude. When this occurs, a fluctuation of water is perceptible to the touch. By evacuating the urine often, such a kind of hernia is obviated. It should be persisted in for some time, to prevent further returns of the affection, and until the parts have sufficiently recovered their tone. Various substances have been recommended, to be introduced into the vagina, to act against and resist the further protrusion of the bowels.

* Elythrocele, *Vogelius*. Hernia Vaginalis, *Plenck*.

GEN. IX. *PROLAPSUS**.

HYSTEROPTOSIS†.

Syn. *PROLAPSUS UTERI*; FALLING DOWN OF
THE WOMB.

Q. 154. *What is an Hysteroptosis?*

A. It is a falling out of the uterus, occasioned by a relaxation of the ligamenta lata of the uterus, or by too much straining during parturition, and is easily discovered by the parts protruding beyond the vagina; or, when the disease has not advanced this length, by attending to the obstruction, and painful sensation, occasioned by the prolapsed parts. This affection seldom occurs before child-bearing; and is, for the most part, met with in advanced life.

Q. 155. *How is Hysteroptosis to be cured?*

A. By reducing the parts protruded by

* *Prolapsus*, *Linnaeus*, *Cullenus*, *Sauvagesius*, *Gaubius*.

† *Hysteroptosis*, *Sauvagesius*, *Vogelius*, *Sagarus*.

gentle.

gentle pressure, while the patient is in a horizontal posture, and supporting the part afterwards by pessaries, which ought to be made of the lightest materials, finely polished, and in some degree compressible. These are to be retained by a proper bandage until the parts recover their tone, which is affected by tonics, as wine, bark, and other astringent medicines. In this way a cure is soon completed, if the patient be young, and the affection of a recent nature.

EXANIA*.

Syn. PROLAPSUS ANI.

Q. 156. *What are the causes of Exania?*

A. It may be occasioned by costiveness; by the action of irritating medicines, such as aloetics; or owing to hemorrhoidal swellings, (Q. 121.) or to any stimulants applied to the inside of the rectum, so as to increase its action.

* Exania, Sauvagesius, Sagarus.

Q. 157. *How is Exania to be cured?*

A. By reduction as soon as possible, and by retention by a proper bandage, such as the one invented by Mr. Gooch. The reduction is to be effected by supporting the tumour with the palm of one hand, while, with the fore-finger of the other, the part of the gut last protruded is to be first introduced. The patient, during the reduction, is to be kept in a reclined posture. As soon as the bowels are returned, the bandage is to be applied. Such remedies as tend to recover the tone of the parts most readily are to be used. When the protruded parts become inflamed, from being exposed to the air, before attempting a reduction, the inflammation is to be alleviated by an antiphlogistic regimen (Q. 8.).

PARAGLOSSE*.

Q. 158. *What is a Paraglosse?*

A. It is a retroversion of the tongue into

* Paraglosse, *Sauvagesius*. Lingux Inflatio, *Galenus*. Lingux Extrusio, *Gaubius*.

the fauces, almost occasioning suffocation by its pressure upon the epiglottis. The affection is, for the most part, accidental, and, by introducing the fore-finger of the right hand into the fauces below it, can be easily returned into its natural situation.

HYPOSTAPHYLE.*

Syn. FALLING DOWN OF THE PAP OF THE
THROAT.

Q. 159. *What is an Hypostaphyle?*

A. It is an elongation, or enlargement of the uvula, occasioned either by inflammation produced by catarrh, or owing to a paralysis of it.

Q. 160. *How is Hypostaphyle to be treated?*

A. Astringent gargles have been re-

* Hypostaphyle, *Sauvagesius*. Casus Uvulæ, *Dionis*. Inflammatio Uvulæ, *Celsus*. Prolapsus Uvulæ, *Nenterus*. Œdema Uvulæ, *Gorterus*. Uvula nimium producta, *Heister*.

commended,

commended; to allay the inflammation, if present, and to increase the tone of the parts. When the affection does not yield to such remedies, and distressing irritation is occasioned in the throat, so as to produce constant cough and vomiting, it is to be removed altogether, by a ligature passed round its root, so as to obstruct the circulation in the uvula, by tightening the ligature. In a short time it begins to mortify, and then drops off.

EXOPHTHALMIA.*

Syn. PROTRUSION OF THE EYE BEYOND THE SOCKET.

Q. 161. *What is an Exophthalmia?*

A. It is a protrusion of the Eye-Ball beyond its Socket, occasioned by abscesses (Q. 60.), dropical swellings of the eye (Q. 94.), tumours lying behind the eye, such as, an enlargement of the lachrymal

Exophthalmia, Sauvagesius.

gland;

gland; or it may be pushed out of its situation by external violence.

Q. 162. *How is a case of Exophthalmia to be cured?*

A. When the ball of the eye is preternaturally enlarged by water, or pus formed within its cavity, it is to be treated in the same manner as recommended (Q. 61. 95.) for the removal of such affections. When tumours are found to be the occasion of the protrusion, they are to be removed, and then a reduction is easily completed. When the eye is pushed out by external violence, if the optic nerve is not divided, the eye is to be immediately replaced, and the succeeding inflammation is to be guarded against by a strict antiphlogistic regimen.

ECTROPIUM*.

Q. 163. *What is Ectropium?*

A. It is a gaping out of the eye-lids,

* Blepharoptosis, Sauvagesius, Sagarus. Ectropium, Linnaeus, Vogeliuss.

owing to an enlargement of the ball of the eye by dropfical fwelling (Q. 94.), or to a laxity of the part in old age. It may arife alfo from the cicatrix of an old wound, or abfcès: Hence it is frequently the confequence of the fmall-pox.

Q. 164. *How is a cafe of Entropium to be treated?*

A. The method of cure muft, in a great meafure, depend upon the caufes inducing the complaint. When it is the confequence of dropfical fwelling of the eye, nothing answers fo well as fcarifying or puncturing the part. When it arifes from inflammation, the antiphlogiftic regimen (Q. 8.) is to be ufed. When from laxity, owing to old age, aftringent and tonic remedies are to be ufed; and when from an old cicatrix, nothing answers fo well as a divifion of the contracted fkin, by the knife, endeavouring, at the fame time, to prevent inflammation as much as poffible.

ENTROPIUM*.

Q. 165. *What is an Entropium?*

A. It is an inversion of the ciliæ of the eye, owing to a spasmodic contraction, or to a constriction of some of the fibres of the orbicularis muscle, pushing the hairs of the eye-lashes against the eye-ball, and is productive of much uneasiness. Tumours pressing upon the palpebræ, or a relaxation of the skin itself, may have this effect also.

Q. 166. *How is a Case of Entropium to be cured?*

A. The method of cure is the same as that recommended (Q. 164.) for Ectropium. When the uneasiness of the affection arises merely from a derangement among the hairs themselves, they are to be plucked out by the root with a small forceps, and the

* Blepharoptosis, Sauvagesius, Sagarus. Entropium, Vogelius.

direction of the new ones regulated by some adhesive plaster, fixing them to the palpebræ.

GEN. X. *LUXATIO*.*

Syn. DISLOCATION.

Q. 167. *What are the Diagnostic Symptoms of Luxation in general?*

A. A degree of inflammation always takes place, the pain attending which is, sometimes, so acute, as to occasion convulsive and spasmodic affections, by the compression of the nerves upon the part by the displaced ends of the bones. The shape of the joint is much altered, and the motion of the limb much impaired.

Q. 168. *What prognosis should be given of Luxations in general?*

A. The prognosis must always depend

* *Luxatio*, Linnaeus, Vogelius, Cullenus, Heisterus, Villars. *Exarthrema*, Diastrasis, Sauvagesius, Sagarus.

upon the structure of the joint; the degree of violence producing the affection; the succeeding inflammatory symptoms, and duration of the injury. After dislocations have subsisted for some time, the socket diminishes in size, and so cannot receive the end of the dislocated bone. The reduction is more difficult in young than in elderly persons, owing to the strength of the muscles being greater in young persons.

Q. 169. *How are Dislocations in general to be treated?*

A. The luxated part is to be exactly replaced in its former natural situation. It is to be retained in this state, until the surrounding parts have recovered their tone, by a proper bandage; and any symptom tending to prevent the cure is to be obviated. In order to render the reduction easy, the whole of the muscles surrounding a joint are to be relaxed as much as possible; the dislocated ends of bones are to be immediately disengaged from the contiguous

guous bones, or from any unnatural cavity in which they may be lodged or grasped. To do this, moderate extension is necessary; but this can never be attempted with propriety, so long as the dislocated bone is detained by a projecting process of another bone. When the bone is, however, sufficiently disengaged, it springs immediately into its natural place, by the action of the contiguous muscles. When the inflammatory symptoms run high, and when the swelling is considerable, reduction of dislocated bones is never to be attempted, until these, in some measure, subside.

OSSIUM CAPITIS*.

Syn. LUXATION OF THE BONES OF THE HEAD.

Q. 170. *How is Luxation of the Bones of the Head to be treated?*

A. When the sutures divide from one ano-

* *Diastasis raphica, Sauvagesius. Diachalasis, Vogelius.*

ther, all that can be done is, to replace them as close together as possible, and to endeavour to retain them, by applying a proper bandage round the head.

OSSIUM NASI*.

Syn. LUXATION OF THE BONES OF THE NOSE.

Q. 171. *How is Luxation of the Bones of the Nose to be treated?*

A. When one of the bones has been elevated above the other, it is to be depressed by the finger, until it is on a level with the other. When one of them is depressed within the nostrils, it is to be assisted by the end of a spatula, and kept in this situation by means of a tube, covered with lint, passed into the nostrils, and secured by a proper bandage, so as to allow respiration to go on freely.

* *Diastrasis harmonica, Sauvagesius.* *Diastrasis Ossium Nasi, Levret.*

OSSIS MAXILLÆ INFERIORIS.

Syn. DISLOCATION OF THE LOWER JAW.

Q. 172. *How is a Dislocation of the Lower Jaw to be treated?*

A. As this dislocation can only happen forwards and downwards, the reduction of it is to be effected by passing both thumbs, well covered with linen cloth, into the mouth, the head being previously well secured by an assistant. The jaw is now to be pushed forward and downward, until it is entirely disengaged from the ossa mali. As soon as this is effected, the bone, by gentle pressure, will immediately spring back into its natural situation, by the action of the muscles: the thumbs are to be immediately withdrawn; when one side only is luxated, the pressure, in disengaging the bones, is to be applied to the luxated side only.

OSSIIUM CAPITIS ET COLLI.

Syn. DISLOCATION OF THE BONES OF THE HEAD
AND NECK.

Q. 173. *How is a case of Dislocation of the Bones of the Head and Neck to be treated?*

A. The patient being laid on a bed, the surgeon is to raise the head gradually from the chin, until it is in a straight line with the body, which is to be supported by an assistant. The surgeon now gradually extends the head. As soon as a crack is heard, the dislocation is reduced, and the surgeon is to desist from extending any further. The patient is now to be laid down in the bed, and the head is to be supported by a proper bandage.

OSSIIUM SPINÆ.

Syn. LUXATION OF THE SPINE.

Q. 174. *How are Dislocations of the Spine to be distinguished?*

A. By the degree of violence producing them,

them, which must, in every case, be very considerable, before a luxation of the vertebræ takes place; by a degree of paralyfis affecting the whole of the parts below the injured place; by a total suppression, or involuntary discharge of urine and fæces; and by the distorted state of the body, a diagnosis may be formed of the nature of the affection.

Q. 175. *How are Luxations of the Spine to be treated?*

A. When the vertebræ are pushed inwards, (which is the most common manner they can be luxated) after bending the body gently over a cask, the bone generally regains its natural situation. Some have advised to make an incision upon the luxated part, and to lay hold of the spinous process of the bone with a forceps, and so pull it gently into its situation. When the os sacrum is luxated, it is to be treated in the same manner. When the os coccygis is luxated, whether from external violence, or from a laborious delivery, it is to be reduced by introducing

introducing one of the fingers into the rectum, and by assisting with the fingers of the other hand on the outside, using at the same time moderate pressure.

OSSIS CLAVICULI.

Syn. LUXATION OF THE COLLAR BONE.

Q. 176. How is a Luxation of the Collar Bone to be treated?

A. It is easily reduced by pressure with the fingers, and should be kept in its situation by a proper bandage, taking care at the same time not to raise the arm, as its weight serves to keep the bone in its place. This affection seldom occurs.

OSSIUM COSTARUM.

Syn. LUXATION OF THE RIBS.

Q. 177. How is a case of Dislocation of the Ribs to be treated?

A. As this species of dislocation can only
take

take place inwards, little can be done to relieve it. Laying the patient forward on a plank, while at the same time the vertebræ are pushed inwards, will sometimes answer. When the bones can be replaced in this manner, they are to be kept in their situation by the application of a proper bandage applied round the trunk with such straitness as not to incommode respiration.

OSSIS HUMERI.

Syn. LUXATION OF THE SHOULDER.

Q. 178. *In what direction do Luxations of the Humerus most commonly take place?*

A. This must in a great measure depend upon the manner, in which the injury is inflicted. In general, however, dislocations of this bone take place in that direction where it meets with less resistance. Hence it is more frequently into the axilla, where the head of the bone forms a tumour. The bone can never be pushed upwards without a fracture of the acromion. This may, in

in some cases, happen, when the person happens to fall upon the ulna, or when a stroke is given to the bone upwards. Dislocations of the humerus sometimes also take place downwards and backwards.

Q. 179. *How is a Dislocation of the Humerus reduced?*

A. This must depend upon the situation of the head of the luxated bone. In every case of dislocation of the humerus, the rule laid down (Q. 169.) for dislocation in general is to be observed, by disengaging the bone from any projecting process of the contiguous parts. Various machineries have been invented and recommended for dislocations of the humerus. Some for extending the arm, and others for reducing it by pressure. Of the latter kind is the rolling-pin placed in the axilla for raising the end of the bone. A towel passed below the dislocated limb, and round the surgeon's neck, is of this kind also; but it is evident such can have no effect, unless the bones are first sufficiently disengaged. Another method has been recommended, of making the

the

he surgeon sit upon the ground, to press the end of the bone into its place by his heel, while, with both hands, he extends the arm of the patient. To produce the necessary degree of distention, various methods and different machinery have been recommended; such as suspending the patient by the arm on a ladder, or the top of a door; raising the patient, by the arm and leg, from a feather bed, laid on the floor, by means of pulleys, secured in the roof of the room. By fixing a knot on the rope, a sudden jerk is occasioned, when the knot arrives at the pulley, upon letting the rope run. The arm has been, in this manner, reduced, after every other method had failed. It is to be observed, however, that the extension of the arm ought to be made in the most gradual manner. When the luxation is of short duration, after first securing the scapulæ, and relaxing the muscles of the arm properly, as the tendon of the biceps muscle, passing along in the groove of the bone, is often the occasion of the bone's not finding ready access into its natural situation, the force of one arm of the surgeon, in distending, is sufficient

sufficient in many cases. When greater extension is, however, necessary, it may be obtained by assistant pullies, or by Mr. Freak's instrument. As soon as the bone has slipped into its place, a crack is heard, and the patient is suddenly relieved. The arm now should be supported by a proper sling, until the parts have sufficiently recovered their tone.

OSSIS ULNÆ.

Syn. LUXATION OF THE ELBOW JOINT.

Q. 180. *In what direction do Luxations of the Ulna most commonly take place.*

A. They happen upwards and backwards. When the former takes place, the bone is on the anterior part of the humerus, and, when the latter occurs, the olecranon is on the back part of the humerus.

Q. 181. *How is Dislocation of the Ulna to be treated?*

A. When the dislocation happens backwards, the muscles are to be relaxed as much

much as possible; then a gradual extension is to be made, at the same time moderately bending the arm in proportion to the extension. In this manner a reduction is effected. But when the dislocation takes place upwards, the extension must be made in a straight direction, and the arm is not to be bended. When the extension is so considerable, that the bones of the arm have already passed the lowest part of the humerus, by relaxing the extension, the bones are immediately brought into their proper situation by the action of the muscles. As soon as the reduction is in this manner completed, the arm is to be moderately bent, in an unconstrained and moderately curved posture. When the ulna and radius are dislocated from one another, after reducing them, they are to be kept together by two splints, and the arm is to be supported by a proper sling hung round the neck.

OSSIUM METACARPI, CARPI, ET DIGITORUM MANUS.

Q. 182. How are Dislocations of the Metacarpal, Carpal, and Finger Bones to be treated?

A. After stretching the arm upon a table, the surgeon is to endeavour to push the bones of the carpus into their natural situation. The bones of the metacarpus are to be treated in the same manner. When any of the fingers are dislocated, after securing the phalanx, from which the dislocation happened, by an assistant, the surgeon is gradually to extend the other phalanx, after he has previously raised it from the contiguous bone.

OSSIS FEMORIS.

Syn. LUXATION OF THE THIGH BONE.

Q. 183. In what manner do Luxations of the Os Femoris most frequently take place?

A. They occur upwards and forwards,
downwards

downwards and forwards, and directly downwards. When the first of these occur, the ligament is shortened, and the head of the bone lies upon the ossa pubis. The great trochanter is also felt on the anterior part of the thigh, and a vacancy is observed in the acetabulum. When the second variety occurs, the head of the bone is pushed into the foramen ovale. This is the most frequent kind of luxation. In this state the leg appears longer than in the natural state. The end of the femur is felt in the foramen ovale, and the knees and toes are turned outwards.

Q. 184. *How is Dislocation of the Os Femoris distinguished from a Fracture of the Neck of the Bone?*

A. Besides the usual symptoms of fracture, the leg is much shorter, owing to the bone being pushed upwards, by accidents of this kind occurring from falls on the knees. But in dislocations of the thigh-joint the leg is, for the most part, considerably lengthened, the toes are turned outwards, a vacancy is observed at the seat

of the acetabulum, and a tumour from the round end of the bone is felt in the groin.

Q. 185. *How are Dislocations of the Os Femoris to be treated?*

A. When the head of the bone gets into the foramen ovale, the first step in the reduction is, to endeavour to relax the muscles as much as possible. Then, by moderate extention, to endeavour to disengage the end of the bone from its cavity. As soon as this is effected, the bone is to be drawn upwards and inwards into its socket. A reduction is in this manner generally effected. Unless the end of the bone be above the acetabulum, no extraordinary extention is necessary. But when the want of success in the reduction is owing to a projecting portion of the acetabulum laying hold of the bone, and preventing the necessary extention, the bone is to be elevated above this projecting part so as to disengage it, and the reduction is then easily effected.

OSSIS PATELLÆ.

Q. 186. *How is a Luxation of the Patella to be treated?*

A. As dislocations of the patella occur in various directions, according to the manner the injury is inflicted, the mode of treatment must vary a little. In reduction of the patella, in general, the leg is to be extended, and after elevating the bone a little, it is to be pushed into its natural situation, and retained by a bandage contrived for that purpose.

OSSIUM TIBIÆ ET FIBULÆ.

Q. 187. *How are Dislocations of the Tibia and Fibula to be treated?*

A. When the tibia is by some external violence separated from the fibula, all that can be done, is to replace them as nearly as possible in the natural situation, and to retain them afterwards by proper bandages.

Q. 188. *How is Luxation of the Knee-Joint to be treated?*

A. Complete luxation of the knee-joint seldom happens, as it requires a considerable degree of violence to produce even a partial dislocation of these bones, owing to their being so strongly connected by considerable ligaments. When a dislocation of the knee occurs, it is to be reduced by relaxing the muscles, and disengaging the bones. The inflammatory symptoms, attending this dislocation, are to be particularly guarded against by a strict antiphlogistic regimen, as it hath been known to prove, in some cases, fatal.

OSSIUM MALLEOLI, TARSI, ET METATARSI.

Q. 189. *In what direction do Luxations of the Ankle-Joint take place?*

A. They may occur in any direction. When they take place outwards, a fracture of the end of the fibula is occasioned. When the dislocation takes place forward
the

the foot is lengthened; and when it occurs backwards, the heel is shortened.

Q. 190. *How are Dislocations of the Ankle, and of the Bones of the Tarsus and Toes, to be treated?*

A. As dislocations of the ankle-joint occur, most frequently, by the astragalus being forced inwards, moderately extending the leg answers best, after the muscles have been previously relaxed. The os calcis is to be reduced in the same manner. The bones of the tarsus, metatarsus, and toes, are to be treated as recommended for the bones of the fingers (Q. 182).

ORD. CHRONICUS.

GEN. XI. *GLANDULOSA.*

SCIRRHUS*.

Q. 191. *What is a Scirrhus?*

A. It is a hard swelling, chiefly affecting the conglobate glands; at first of an indolent nature, but afterwards attended with sharp lancinating pains and heat, terminating sometimes in an ulcer, which discharges a thin acrid matter, excoriating the neighbouring parts, and arising from some fault of the constitution, or from some local cause, such as obstruction of a gland by inflammation (Q. 2). It is always at first of a local nature.

Q. 192. *How is Scirrhus-Cancer to be treated?*

A. No medicine has been as yet discovered, that will cure this affection. Various remedies have been recommended,

* Scirrhus, Sauvagesius, Linnaeus, Vogelius, Cullenus.

uch as arsenic, cicuta, hyoscyamus, and many others, which injure the constitution materially, and are attended with very little effect. The only method of cure is to remove the diseased parts completely by the knife, when it can be executed with propriety, and consistent with life; especially if the disease has not already made considerable progress, and if one part of the body only is affected. Removing a portion of the diseased parts seems to do an essential injury; as experience has discovered, that the admission of cool air into scirrhus swellings hastens very much their pernicious effects upon the system. No operation, therefore, for the removal of scirrhus tumours is to be attempted, except when the whole of the diseased parts can be removed.

VAR. *A.* SARCOCELE*.

Syn. SCIRRHOUS TESTICLE.

Q. 193. *What is a Sarcocoele?*

A. It is a scirrhus of the testicle, and is

* Sarcocoele, *Vogelius, Platner.*

L 4 distinguished

distinguished from inflammation of the testicle by Q. 16. and from hernia by Q. 138. It is readily distinguished from a venereal swelling of the testicle, by its not yielding to a long continued course of mercury, and by its being afterwards accompanied by the symptoms of scirrhus (Q. 191).

Q. 194. *What are the causes of Sarcocoele?*

A. From a venereal taint a degree of scirrhusity is produced, which is said to be of the worst kind. Hydrocele of the tunica vaginalis is said to be another cause of scirrhus. External violence, inflammatory swelling of the testicle arising from sympathy, as from ulceration of the bladder, and often after the operation of lithotomy.

Q. 195. *What prognosis can be given of Sarcocoele?*

A. The success of the cure is greater in young than in old persons. If the disease has subsisted for a long time, without increasing

creasing to any extraordinary size, it is supposed not to be so virulent. When ulceration has taken place on the testicle, the chance of success is less. When it is also in consequence of a blow, it is difficult to discuss; and when the patient is of a pale and weakly constitution, the danger is more considerable; particularly when knots appear on the surface of the testicle. The success of an operation for the cure depends upon its being performed early. For when we are certain the whole of the disease cannot be removed by the knife, no operation is to be attempted.

Q. 196. *How is the Operation for the removal of Sarcocoele executed?*

A. After placing the patient in a proper posture, an incision is to be made along the course of the spermatic cord to the inferior part of the scrotum. As soon as the spermatic cord is laid bare, it is to be surrounded by a ligature, which is to act as a tourniquet during the rest of the operation. The cord is now to be divided below the ligature, and the testicle is then to be

be dissected out from the neighbouring parts by a common scalpel. This being finished, the knot of the ligature upon the cord is to be untied, until the vessels of the cord are seen and secured. The ligature, acting as a tourniquet, is still to be allowed to remain, surrounding the cord; as, by tightening it, any sudden hemorrhagy occurring is easily obviated. The lips of the wound are now to be applied close together, and be covered by a quantity of soft lint, and the whole is to be supported by a proper bandage, and the patient laid in bed. When pain or tension of the abdomen occurs, warm fomentations are to be applied to the region of the abdomen, and poultices to the fore over the lint.

VAR. B. MAMMÆ*.

Syn. SCIRRHUS OF THE BREAST.

Q. 197. *How is Scirrhus of the Mammæ distinguished?*

A. When first it is observed, it may be,

* Mastodynia Cancrofa, *Sauvagesus*. • Cancer Mammæ-
rum, *Castro*.

perhaps, as small as a walnut. It may continue, in this state, for several months. By degrees, however, it acquires the size of the fist, and may continue in this state also stationary for some years. At last, however, a gnawing pain is felt of a hot-lancinating nature, shooting towards the axilla. Upon examining the course of the lymphatics, the glands at the edge of the pectoral muscle are sometimes found hardened, also those of the axilla, which in some cases are found very much enlarged. The disease, at this period, sometimes gets the denomination of *Occult Cancer*. By degrees the skin covering the tumour in the *Mammæ* becomes discoloured, and at last an ulceration takes place, when the disease is said to terminate in an *Open Cancer*. Violent hemorrhages now often ensue, from the acrimony of the matter discharged corroding the vessels of the part. The excruciating pains are still aggravated, and the patient is at last cut off within the space of a year.

Q. 198. *How is a Scirrhus of the Mammæ to be treated?*

A. By removing the diseased parts, by an operation, a cure is sometimes obtained. But it is evident (Q. 192.) that this can never be with propriety attempted, where there is not a possibility of removing the whole of the diseased parts completely. The state of the glands above the clavicle, and those of the neck and axilla, are to be particularly attended to.

Q. 199. *How is the Operation for the Extirpation of the Scirrhus Mammæ executed?*

A. The patient should be laid in a horizontal posture, and the surgeon seated. A transverse incision is then to be made, beginning at the axilla, and extending it nearly to the cartilago ensiformis. The integuments being dissected off the Mammæ, on both sides of the incision, the glandular substance is to be detached from the pectoral muscle; or, if it is found to adhere very firmly, a portion of the pectoral muscle

muscle may be dissected out along with it. The surgeon should begin to detach the glandular part at the sternum, and inferior part of the Mammæ, so that the part next the axilla comes to be the last to be divided. By this means the dividing of the principal blood-vessels is delayed until the last stroke of the operation. The bleeding arteries being now secured, and the clotted blood accurately removed by a sponge, the integuments are to be brought over the wound, and retained by adhesive straps. The ends of the ligatures, that secured the bleeding vessels, are to be allowed to hang out between the lips of the wound. No dressings are to be applied between the integuments and surface of the sore. The wound is to be covered by pledgets of emollient ointment, and the whole of the dressings are to be secured by a scapulary bandage. When suppuration has formed, and has continued for some time, when the wound is near healed, an issue should be inserted in the arm of the opposite side.

VAR. C. PROSTATÆ.

Syn. SCIRRHUS OF THE PROSTATE GLAND.

Q. 200. *How is a Scirrhus of the Prostate Gland to be treated?*

A. When Scirrhusities of the Prostate Gland occur, little can be done for their removal. Cicuta may be used for some time: when it arises from a venereal complaint, mercury may have some effect. A removal of it by the knife seems impracticable.

VAR. D. UTERI.

Syn. CANCER OF THE UTERUS.

Q. 201. *How is a Scirrhus of the Uterus to be treated?*

A. When Scirrhus of the Uterus occurs, little can be done for its removal. Cicuta, and the other remedies recommended for Scirrhus in general, may be used with advantage.

VAR.

VAR. E. LINGUÆ.

Q. 202. *How is a Cancer of the Tongue to be treated?*

A. When a small portion only of the Tongue is affected, it is to be removed. This, being a formidable operation, is seldom attempted. When, however, recourse is had to it, the greatest attention is necessary in restraining the hemorrhagy, by taking astringent solutions into the mouth, and by using the other methods which are found most effectual in preventing hemorrhagy.

VAR. F. LABII INFERIORIS.

Q. 203. *How is a Scirrhus-Cancer of the Lower Lip to be treated?*

A. By removing the diseased portion by excision, when it happens to be of a small size. The surgeon is to endeavour to cut it out in a triangular form, having the inferior

ferior angle, if possible, in the middle of the chin. As soon as the diseased portion is, in this way, removed, the edges of the wound are to be brought into contact, and kept in this state, by the twisted future, until a cure is completed.

VAR. G. BULBI OCULI*.

Q. 204. *How is a Scirrho-Cancer of the Eye-Ball to be treated?*

A. The extirpation of the diseased eye-ball seems to be the only remedy that can be depended on, particularly when it is performed early. The operation is executed, by laying the patient on a table, with his head a little raised with a pillow. When the ball is so much enlarged as to protrude, the surgeon may lay hold of it by his fingers, and he is to separate it from all the parts with which it is connected, taking care, at the same time, as much as

* Ophthalmia Cancrofa, *Sauvagesius*. Cancer Palpebrarum, *St. Ives*.

possible,

possible, to avoid touching the bones of the orbit, which are sometimes extremely thin. The eye being in this manner dissected out, the hemorrhage is to be suppressed by a slight degree of pressure with a sponge, having a piece of packthread fixed to it, to effect its removal, should it happen to adhere very firmly to the orifices of the bleeding vessels. As soon as the wound heals up, the deformity may be in some measure obviated, by wearing artificial eyes made of silver, gold, or glass; but the irritation, arising from such, is in danger of reproducing the disease. It is chiefly in cases of Staphyloma, where part of the humours of the eye have been evacuated, that such can be used with any propriety.

SCROFULA*.

Syn. KING'S EVIL.

Q. 205. *What are the Diagnostic Symptoms of Scrofula?*

A. There is generally a swelling of the

* Scrofula, *Sanvagesius*, *Vogelius*, *Sagarus*, *Cullenus*.

conglobate glands of the neck, an enlarged upper lip, fine smooth skin, blue eyes, and florid countenance. The swelling of the glands is, for the most part, of an indolent and indurated nature, and is generally hereditary.

Q. 206. *Whether should Scrofulous Tumours be brought to suppuration, or their resolution attempted?*

A. As the discharge from Scrofulous Tumours cannot, by any means as yet known, be converted into proper pus, all poultices, and warm topical applications, favouring suppuration, are to be avoided; and the use of sea bathing, and change of climate, are to be recommended. Mercury may have some effect in curing the disease.

Q. 207. *When Matter has once formed in Scrofulous Tumours, are they to be opened, or allowed to burst of themselves?*

A. As scrofulous sores are very difficult of healing, scrofulous tumours should
never

never be opened, except when they are situated upon any of the large joints; because matter, being allowed to remain within the capsular ligament of a joint, might, at last, soften the bone. When scrofulous tumours are situated on the thorax, and when matter has formed within them, they are also to be opened, to prevent the matter from getting access inwards among the lungs.

VAR. SCROFULA ARTICULARIS*.

Syn. WHITE SWELLING OF THE JOINT.

Q. 208. *How is a Swelling of the Joint from Scrofula distinguished from that produced by Rheumatism.*

A. In the scrofulous white swelling of the joint, the pain is more acute, and more confined to one place, which is generally the middle of the joint. Very little swelling is observed at first; but, in course of time, the bones, forming the joint, come to be enlarged, and varicose veins appear on the

* Fungus Articularum, *Heisterus*. Hydarthrus Synovialis, *Simpson*. Anchylosis, *Linnaeus*.

surface. After these symptoms have continued for some time, sinuses begin to form, and a foetid matter begins to be discharged, upon the bones growing carious. At the same time a diarrhoea takes place. At last hectic fever and night sweats come on, so as to exhaust the patient altogether in a short time.

Q. 209. How is White Swelling, from Scrofula, to be treated?

A. No remedy has been yet discovered capable of curing Scrofula; so that very little can be done for the cure of scrofulous swellings of the joints. Frictions with mercury upon the part are recommended. The application of emollient poultices to the joint becomes in certain cases necessary. After every attempt has been persevered in for some time, and the disease still advances, the limb must be removed to preserve life.

BRONCHOCELE*.

Q. 210. *What is a Bronchocele?*

A. Any tumour on the anterior part of the neck, whether aneurismal (Q. 111.), or of the meliceris kind, has been termed bronchocele. The thyroid gland is sometimes enlarged from scrofula, so as to obstruct respiration. In this state the disease has got the denomination of *Gouetre*, and is supposed to arise sometimes from the water of snow†.

Q. 211. *How is Bronchocele to be treated?*

A. It has been generally advised to remove the thyroid gland by an operation. No attempt of this kind ought ever to be made, unless the case is such as to endanger the patient's life. In some cases, when it acquires a very large size, it is to be removed with the greatest caution, as it is plentifully supplied with very considerable

* Bronchocele, *Sauvagesius*, *Vogelius*. Trochelophyma, *Sagarus*.

† Bronchocele Botium, *Boncallus*.

arteries, and is contiguous to very considerable blood-vessels and nerves. In the early stages of the affection, friction with mercury may have some effect. The introduction of a seton, with a blunt probe, through the tumour, to avoid wounding any of the considerable blood-vessels, may be attended also with advantage. From the discharge occasioned by it, the tumour may probably shrink.

GEN. XII. *CARNEA.*

POLYPUS*.

Q. 212. *What is Polypus?*

A. It is a fleshy, indolent, somewhat round, tumour, adhering, by one or more roots, to some of the internal cavities of the body; as in the pharynx, nose, œsophagus, meatus auditorius, and in the vagina. For the most part, however, it appears to originate from the pharynx, and

* Polypus, *Vogelius.*

inferior part of the ossa spongiosa; and sometimes it occupies both nostrils.

Q. 213. *What are the Causes of Polypi?*

A. Venereal affections and scrofula are said to be predisposing causes of polypi. For the most part they arise from some local injury. Whatever tends to produce an inflamed state of the nose, as catarrh, hastens their growth. A caries of some of the bones of the nose is found to be the occasion of the hardest kind of polypi.

Q. 214. *What Prognosis can be given of Polypi in general?*

A. The chief danger arises, in Polypi, from their impeding deglutition and respiration, when they happen to fall back into the fauces; and from their size, which is sometimes so considerable, as to separate asunder the bones of the nose. There is also a chance of their turning out cancerous. With respect to the cure of polypi, it is always more difficult, in proportion to the firmness of the polypi. The softer the polypi are, the

easier, and with the less danger, they are to be removed.

Q. 215. *How are Polyphi to be treated?*

A. As long as polypi, of any kind, remain stationary, they are not to be touched. But when they continue to grow, astringent applications and scarifications are to be used. When these fail to prevent their growth, they are to be removed altogether.

Q. 216. *What is the best method of removing Polyphi from the Nose and Fauces?*

A. In removing tumours in other parts of the body, excision with the knife is generally preferred; and should be also employed in removing polypi, were it practicable; but the situation of polypi is often such, as to render the application of the knife inadmissible; recourse is therefore had to the ligature, which answers equally well. The root of the polypus is to be surrounded by the ligature, which ought to be a piece of wire or catgut. This ligature

ture is to be introduced into the pharynx, through the nostril, by means of a double tube, having the ligature passed previously through it. The wire is to be gradually pushed into the pharynx, through the tube, until it appears in the mouth. The surgeon is, then, to lay hold of the ligature, in the mouth, and open the doublings of the wire, which he now passes over the polypus. The wire is then to be pulled tight through the tubes, so as to obstruct the circulation in the tumour, which will in a day or two mortify and fall off. In this manner, ligatures may be applied to tumours in the back part of the nose and throat. In order to apply the ligature, directed to the root of the tumour, in the anterior part of the nose, a slit probe has been used, to push up the ligature to the root of the polypus, which is to be first surrounded by the doubling of the ligature. The extraction of polypi by the forceps should never be attempted, when it can be done with the ligature; as the forceps tears away

away the membranes that cover the bones. Hence troublesome exfoliations take place, and the operation itself is attended with the most excruciating pains. Removing of polypi by caustics is liable to many objections. They are in danger of injuring materially the contiguous sound parts of the throat. Caustic has been recommended to destroy the roots of polypi. It is, however, never to be used, except when the base of the polypus is visible to the eye. When at any time caustic can be used with propriety, it should be conducted into the throat by a tube contrived for the purpose.

VAR. A. POLYPUS NASI*.

Q. 217. *How are Polypi of the Nose distinguished and treated?*

A. The patient feels a fulness in his nose, and sometimes a partial loss of smell. A tumour is soon perceived in the nostrils. It is said, that, in damp weather, their size

* Sarcoma Narium, *Sauvagesius*.

is increased. They are of various degrees of hardness; the hardest being generally the most painful. Their surface is sometimes ulcerated, and a foetid matter comes at last to be discharged from them. The method of cure, in such a case, is exactly the same as recommended (Q. 216.) for polypi in general.

VAR. B. POLYPUS UTERI*.

Syn. POLYPUS OF THE UTERUS.

Q. 218. *How is a Polypus of the Uterus to be treated?*

A. A prolapsus of the uterus being mistaken for a polypus, may be attended with dangerous consequences. Polypus of the uterus may be, however, distinguished by careful inspection and examination, for it is generally found to be attached to the os internum by one stalk, and it is sometimes found to acquire a considerable size. Its growth is gradual, and when it is of an in-

* *Cercosis Aetii*; *Sarcoma Cercosis, Sauvagesius.*

veterate

veterate nature, it is apt to degenerate into a cancer. The method of cure is exactly the same as recommended for polypi in general (Q. 216).

VAR. C. POLYPUS MEATI
AUDITORII.

Q. 219. *How are Polypi of the Ear to be treated?*

A. Polypi of the ear sometimes acquire so great a size as to impede the hearing. In such cases they are to be removed by the ligature alone. No eschærotic substance can be used with propriety for their removal, as it is always in danger of hurting the tympanum.

SARCOMA*.

Q. 220. *What is a Sarcoma?*

A. It is a fleshy excrescence, growing on any part of the body, of a soft nature, and

* Sarcoma, Sauvagesius, Cullenus, Sagarus.

not attended with much pain. It differs from polypus, in its not forming within mucous cavities; in being, for the most part, on the surface of the body, and being generally the consequence of inflammation. It differs from scirrhus, in not being hard, and not affecting the glands.

VAR. *A.* HORDEOLUM*.

Q. 221. *How are Indolent Tumours of the Eye-lids to be treated?*

A. When such tumours are the consequence of inflammation, their suppuration is to be first attempted, by the methods already laid down (Q. 10.); and, as soon as pus is formed, it is to be discharged by an opening. But when such tumours cannot be brought to suppuration, recourse must be had to cutting them off by ligature, or by excision with the knife.

* Hordeolum, *Sauvagesius*, *Cullenus*, *Sagarus*, *Linnaeus*,

VAR.

VAR. B. PTERYGIUM*.

Syn. FLESHY EXCRESCENCES OF THE
CORNEA.

Q. 222. *How are fleshy Excrescences of the Cornea to be treated?*

A. They are to be removed by escharotic substances, such as alum, blue vitriol, and the like; when these fail, recourse is generally had to removing them by the knife.

VAR. C. EPULIS†.

Syn. FLESHY EXCRESCENCES ON THE TEETH
AND GUMS.

Q. 223. *What are the Causes of fleshy Excrescences on the Gums and Teeth, and how are they to be treated?*

A. A carious tooth, or a carious portion of the alveolar process; fungous ex-

* Pterygium, Sauvagesius, Vogelius, et Linnaeus. Pannus Ungula, Sagarus.

† Epulis, Vogelius, Sagarus.

crefcences, which fometimes impede maf-
tication. Thefe excrcfcences are always
red. Sometimes they are of a watery con-
fiftence, but, in general, they are foft, and
adhere to the gums only by a fmall neck.
They are to be removed by a ligature
(Q. 216.).

VAR. D. SARCOMA TONSILLARIS.

Syn. ENLARGEMENT OF THE TONSILS.

Q. 224. *What are the Caufes of Enlarge-
ment of the Tonsils?*

A. Cold, producing inflammation, may
be reckoned the principal caufe, repeated
returns of which add confiderably to their
bulk, until at laft they acquire fuch a fize,
as to impede deglutition and refpiration.
They feldom or never degenerate into
cancer, or return after they are once ex-
tirpated.

Q. 225. *How is an Enlargement of the
Tonsils to be treated?*

A. In cafes of enlargement from catarrh,
fomentations

fomentations and scarifying the throat may be of service. After these methods prove unsuccessful, and they continue to increase in size, so as to become at last very troublesome, they are to be removed by ligature, in the same way as recommended for polypi (Q. 216.). Caustic applications are here equally inadmissible as in polypi, and the excision by the knife is liable to produce profuse hemorrhagy. The ligature is, therefore, to be introduced through the nose, by means of a double canula. If both tonsils are enlarged, the inflammation, produced by the removal of the one, should be allowed to subside before any attempt be made to remove the other.

VAR. E. FUNGUS*.

Syn. PROUD FLESH.

Q. 226. *What is a Fungus, and how is it to be removed?*

A. It is a fleshy excrescence, of a soft

* Fungus, *Sagarus*.

spongy

spongy nature, rising out of ill-conditioned ulcers, or from old wounds, above the level of the skin, and preventing their healing.

Fungi are for the most part removed by the application of escharotics; principally such as lunar caustic, alum, blue vitriol, or the like. In some cases they acquire such a size as to require excision by the knife.

GEN. XIII. *CALLOSA.*

CONDYLOMA*.

Q. 227. *What is a Condyloma?*

A. It is an excrescence, produced by doublings of the skin, generally situated about the anus, of a firmer consistence than flesh, and softer than bone. There are several varieties of this affection, as Var. A. FICUS, Var. B. THYMUS; all of which are occasioned by pressure.

Q. 228. *How are Condylomatous Tumours about the Anus to be removed?*

A. In the same manner as recommended

* Condyloma, Sauvagesius, Linnaeus, Vogelius.

for polypi, by lunar caustic, by the ligature, or by the knife, and by avoiding the occasional cause.

CLAVUS*.

Syn. CORNS.

Q. 229. *How are Corns to be treated?*

A. As they arise from the same causes as those of condyloma (Q. 227.), the mode of treatment must be exactly the same; by avoiding the occasional cause; by wearing wide shoes, and paring off the inorganic matter, after it has been for some time previously soaked in warm water, and covering them afterwards with some gummy adhesive plaister, to defend them from the cold air. The ligature, however, cannot be used with the same propriety.

VERRUCA†.

Syn. WARTS.

Q. 230. *How are Warts to be treated?*

A. When they have narrow roots, liga-

* Clavus, *Linnaeus, Vogelius, Cullenus, Sagarus.*

† Verruca, *Sauvagesius, Vogelius, Linnaeus, Callenus.*

tures may be used; but when, on the contrary, they have a broad basis, escharotic substances may be used for their removal, such as lunar caustic, or a strong solution of corrosive sublimate. In the removal of warts, it is, however, particularly to be observed, that, unless the whole of a wart be completely removed, a considerable degree of inflammation is the consequence. When matter begins to form on the surface of warts, a strong solution of saccharum saturni is recommended; but when there is reason to suspect that they are of a cancerous nature, a solution of arsenic applied to them is, in such cases, attended with good effects.

GEN. XIV. OSSEA.

EXOSTOSIS*.

Q. 231. *What is an Exostosis?*

A. It is a tumefaction of a bone, occa-

* Exostosis, *Vogelius, Sagarus, Sauvagesius, Cullenus.*
Hyperostosis, *Ludwig.*

sioned by too great a quantity of callus, occurring in bones previously fractured or wounded, or owing to an erosion occasioned by ulcers.

Q. 232. *How is Exostosis to be treated?*

A. No medicine has been as yet discovered capable of removing the affection. Recourse is therefore generally had to a surgical operation, particularly when the affection becomes painful and inconvenient. When a portion of one side of the bone is only affected, it may be removed by the trepan. But when the exostosis is found to surround the whole of the bone, that portion of the bone forming the exostosis must be entirely removed, and the leg is to be placed in a proper posture, and Nature will soon make up the deficiency.

NODUS*.

Q. 233. *What is a Nodus?*

Q. It is a swelling of a bone similar to exostosis (Q. 231.), occasioned by lues venerea, which is sometimes more rapid in its growth than exostosis from fracture (Q. 231.). It is sometimes so much enlarged, as to burst the integuments, when an acrid discharge ensues.

Q. 234. *How is a Nodus to be treated?*

A. The patient is to be subjected to a proper course of mercury, and when the periosteum is inflamed by the tension, occasioned by the rapid growth of the bone, the application of leeches becomes necessary.

SPINA VENTOSA†.

Q. 235. *What is a Spina Ventosa?*

A. It is a swelling similar to exostosis,

* Exostosis Siphilitica, *Petite*. Nodus, *Villars*.

† Sideratio, *Hippocrates*, *Galen*, *Celsus*. Pseudarthrocace, *Freind*. Exostosis Scrofulosa, *Petite*.

(Q 231.) arising from scrofula. This affection differs from other swellings of bone, by its affecting the extremities of the large bones at the joints, which become carious, and lay the foundation of white swellings (Q. 208.).

Q. 236. *How is a Spina Ventosa to be treated?*

A. By applying all the remedies recommended for scrofula. (Q. 206, 207.).--- When white swellings occur, they are to be treated as already recommended (Q. 209.).

SPINICULÆ GENU ARTICULI.

Syn. CONCRETIONS WITHIN THE KNEE JOINT.

Q. 237. *How are Præternatural Bony Concretions of the Knee Joint removed?*

A. When such substances are found to adhere firmly to the capsular ligament of the joint, amputation of the joint has been
generally

generally recommended. When they are loose, they may be removed by making an incision, with a scalpel, on the body of the substances intended to be removed. As soon as this is effected, and the spiniculæ are removed, the skin is to be applied close together, to prevent, as much as possible, the admission of the external air into the joint.

CLASS II.

APOCENOSES.

ORD. I. HEMORRHAGIA*.

GEN. XV. TRAUMATICA.

PARTITA*.

Q. 238. *How is Hemorrhagy, arising from a complete division of Vessels, in performing a Chirurgical Operation, obviated?*

A. When the hemorrhagy occurs in any of the extremities, it can be successfully prevented by the application of the tourniquet, which consists of a strap tightened to such a degree, by a screw, as to impede the circulation in the parts below the place where it is applied. This strap will, in every case of

* Sanguifluxus, *Sauvagesius*, *Sagarus*. Profusio, *Linnaeus*, *Cullenus*.

hemorrhagy from the extremities, prevent it, until the bleeding arteries are secured, which may be laid hold of singly by a hook, termed a *tenaculum*, or by a small forceps, and may be drawn a little outwards, to admit of their being furrounded by a ligature made of silk thread waxed. This ligature is now to be tightened to such a degree, as entirely to obliterate the cavity of the artery at its extremity. But, when the bleeding vessels cannot be laid hold of singly, a portion of the furrounding soft parts is to be included in the ligature; by furrounding the artery, by a curved needle, and performing it with two semi-circles, the artery can be completely furrounded. When there is an oozing of blood, from a wound of a considerable surface, and when it is found difficult to prevent it, either by the use of the needle, or by ligature, pressure on the surface of the sore has some effect. Viscid and mucilaginous applications are recommended to be laid on the surface of the sore, and astringents in some cases have been used with good effect; particularly

larly when the hemorrhagy occurs in the fauces, where a ligature could not be applied. Spirit of wine, taken into the mouth, in such cases, has been also found to be of service. In some cases the application of the potential cautery becomes necessary, to obviate hemorrhagy.

GEN. XVI. SYMPTOMATICA.

EPISTAXIS*.

Syn. BLEEDING AT THE NOSE.

Q. 239. *How is a case of Epistaxis to be treated?*

A. Bleeding at the nose being generally a symptomatic affection, arising from plethora, such remedies, as tend to obviate plethora most powerfully, are to be used. Topical applications are to be used for the time, particularly cold, so as to produce a constriction in the orifices of the ruptured vessels lining the membranes of the nose.

* Epistaxis, *Vogelius et Cullenus*.

When

When this fails to stop the hemorrhagy, recourse must be had to compression, which is sometimes very difficult, when the arteries lie deep. The introduction of dossels of lint into the nostrils, sometimes proves effectual; and the gut of an animal filled with cold water, by adapting itself to the convolutions of the ossa spongiosa, may have some effect. When all these fail to stop the hemorrhagy, a piece of catgut is to be introduced through the nose, into the pharynx, and taken out at the mouth. A piece of sponge is to be then fixed to the end taken out of the mouth, of such a size as to stop the posterior part of the nostril. The piece of catgut is now to be drawn back again through the nostril, until the sponge presses against the posterior part of the nares. In this manner another piece of sponge may be applied to the other nostril, when the hemorrhagy occurs from both. Two compresses are then to be applied on the anterior part of the nostrils; and they are to be secured by the ligatures fixed to the sponges. The blood, in this manner, find-
ing

ing no way to escape, will soon coagulate, and prevent further hemorrhagy by its pressure. Whatever tends to increase the action of the vascular system is to be in the mean time avoided.

HÆMOPHTYSIS*.

Syn. SPITTING OF BLOOD.

Q. 240. *How is Hæmoptysis to be treated?*

A. It being, for the most part, a symptomatic affection, and sometimes arising from the same causes as those of Epistaxis, the method of cure depends upon a removal of the primary affection. When hemorrhagy occurs, from the action of the vascular system being very much increased, a strict antiphlogistic regimen is to be used, and a liberal use of acids.

* Hæmoptysis, *Sauvagesius*, *Linneus*, *Vogelius*, *Sagarus*, *Cullenus*.

HÆMA-

HÆMATEMESIS*.

Syn. VOMITING OF BLOOD.

Q. 241. *How is Hæmatemasis distinguished from Hæmoptysis?*

A. In some cases it is difficult to determine, whether the cough, attending Hæmoptysis, may not frequently produce Hæmatemasis; or whether the vomiting attending Hæmatemasis may not bring on Hæmoptysis. Sometimes blood discharged from an artery, pretty far back in the nose, may be mistaken for an Hæmoptysis. The quantity of blood discharged by Hæmatemasis is seldom above two ounces, and is generally of a grumous colour, from its lying for some time in the stomach. Whereas, in Hæmoptysis, considerable quantities are often discharged, to the amount of a pound at a time, and of a florid frothy colour.

* Hæmatemasis, Sagarus, Linnaeus, Vogelius, Sauvagesius.

Q. 242.

Q. 242. *How is a Hæmatemasis to be treated?*

A. As it may depend upon the same causes as those of Hæmoptysis, the method of cure must be the same. A liberal use of acids, and an antiphlogistic regimen, are all that can be prescribed.

HÆMATURIA*.

Q. 243. *How is Hæmaturia to be treated?*

A. Bloody urine is generally symptomatic, and, considered merely as a hæmorrhagy, is seldom dangerous. It is to be only cured by a removal of the primary affection. All that can be done for the time is to endeavour to alleviate the symptoms by an antiphlogistic regimen.

* Hæmaturia, *Sauvagesius, Vogelius, Linnaeus*. Cystirrhagia Stymatosis, *Vogelius*.

ORD. II. ULCUS*.

Syn. SORE, ULCER.

GEN. XVII. PURIFLUXUS.

SIMPLEX.

Syn. SIMPLE ULCER.

Q. 244. *What is a Simple Ulcer?*

A. It is a discharge of mild pus from the surface of a wound, not of long standing; or from an abscess situated on the surface of the body, and having new granulations at its bottom.

Q. 245. *Can the Cure of every Simple Ulcer be, at all times, with propriety attempted?*

A. When the discharge from ulcers has

* Ulcus, Sauvagesius, Cullenus, Linnæus, Platner, De Villars.

been considerable in quantity, and has subsisted for some time, they are never to be healed up all at once, as this discharge, being suddenly stopped, might materially hurt the constitution. But, when ulcers are situated upon particular parts, and render these inconvenient for the purposes of life, they are to be immediately dried up. At the same time an issue is to be inserted in some more convenient part. The discharge occasioned by it, will be a substitute for the ulcer. The issue may be allowed, in some cases, gradually to diminish, until at last it may be dried altogether, without any inconvenience to the system.

Q. 246. In the formation of Issues, what are the principal things to be attended to?

A. They should never be formed over a tendon, bone, belly of a muscle, or contiguous to any considerable blood-vessel. The best places, therefore, for forming issues, are in the interstices of the muscles; as about the nape of the neck, the middle

of the humerus, or thigh, or between two of the ribs.

Q. 247. *How are Issues formed?*

A. Either by making an opening with a lancet, or caustic, large enough to admit of a pea being introduced into it; or, when a greater discharge of matter is wished for, to pass a seton or cord, by a needle, through the part; which should be first marked with ink at the place the needle is wished to come out at.

Q. 248. *What Prognosis can be given of Ulcer in general?*

A. The Prognosis must depend upon the nature of the cause, whether it has been more or less violent; or if any predisposition has given rise to them. Their situation is also of great consequence to direct the prognosis. When ulcers occur on tendons or ligaments, they are more difficult to heal. The danger attending ulcers may arise from the chance of their penetrating into any of the cavities of the body, not accustomed

accustomed to the admission of the external air; and, also, from their being contiguous to some great blood-vessels, since the matter discharged by them may become so acrid, as to corrode their coats, and so form aneurisms (Q. 111).

Q. 249. *How is a Simple Ulcer to be treated?*

A. Whatever prevents the formation of new granulations in the bottom of the sore, is to be avoided, such as chemical or mechanical irritation, occasioned by improper dressings. Pain is also always prejudicial to the healing of ulcers. It should be, therefore, particularly guarded against. Dressings too often applied prove also an irritation to the sore. The dressings should be of the mildest nature, and not applied oftener than once in twenty-four hours, in this climate. In order to preserve the ulcer in a proper purulent state, a certain degree of heat is always necessary, by means of warm poultices to the extremities, on account of their being at a greater distance from the heart.

Poultices, however, ought not to be continued too long, as they render the part flabby, and so prevent the healing. Compression on the contiguous sound parts is also found to be of considerable service in the cure of ulcers. Granulations being formed at last in the bottom of the wound, and the deficiency supplied completely, a *cicatrix* will soon take place. But when the granulations begin to extend beyond the surface of the fore, they are to be obviated by caustic, dry lint, and a tight bandage; applying at the same time some astringent solution.

Q. 250. *When the Discharge from a Simple Ulcer becomes Vitiated, how is it to be treated?*

A. By endeavouring as much as possible to convert it into the form of a simple ulcer, by a diligent application of heat to the part, and a liberal use of opium to remove the pain. When the body is exhausted, a nourishing diet, together with bark and wine, is to be recommended. But when, on the contrary, the body is in a
plethoric

plethoric state, the antiphlogistic regimen is adviseable. When once a plentiful supuration is formed, the sore is to be treated as already recommended (Q. 249.).

ÆGILOPS*.

Syn. ULCERS OF THE EYE AND ITS COATS.

Q. 251. *From whence arises the danger of Ulcers of the Eye?*

A. The danger chiefly arises from their situation. In some parts of the eye, the cicatrix left by them may destroy vision altogether. A partial debility is also left when the cicatrices of such ulcers are formed, so as to allow the humours of the eye at last to escape. Fungous excrescences often arise. When such ulcers are formed, they are to be removed, as already recommended.

Q. 252. *What are the Causes of Ulcers of the Eyes, and how to be treated?*

A. They are generally the consequence

* Ægilops, Vogelius.

of inflammation running into suppuration. They may arise from wounds, burns, and a variety of other causes.

When such ulcers arise from inflammation, and it has not as yet fully subsided, the antiphlogistic regimen is to be used, as recommended for ophthalmia (Q. 31.). When such ulcers are hollow, and have foul edges, a little corrosive sublimate, white vitriol, or weak solution of saccharum saturni, will be found of some service.

ULCUSCULÆ ORIS.

Q. 253. *How are Ulcers of the Mouth to be treated?*

A. When ulceration of the mouth arises from a general affection of the system, as from lues venerea*, or from fever†, the affection occasioning such is first to be removed, before a cure can be expected. When ulceration of the mouth arises from

* Ulcuscula venerea Oris, *Astruc*. Aphtha syphilitica, *Sauvagesius*.

† Aphtha febrilis, *Sauvagesius*. Aphtha adultis, *Sennert*.

a portion of a ragged tooth, the ragged portion is to be filed off, and some astringent solution taken, from time to time, into the mouth.

OTORRHŒA*.

Syn. RUNNING FROM THE EAR.

Q. 254. *How is Ulceration of the Ear to be treated?*

A. Any discharge from an ulcer in the ear should be dried up as soon as possible, because a continuation of it might materially injure the tympanum, and particularly the bones of the ear. To wash away the matter of ulcers from the cavity of the ear, warm water has been recommended. To wash out matter formed within the cavity of the ear, an astringent solution of oak bark, or saccharum saturni, is often attended with the best effects.

* Otorrhea, *Linneus*, *Sagarus*.

SINUS.

Syn. SINOUS ULCER.

Q. 255. *What is a Sinous Ulcer?*

A. It is an ulcer with a narrow orifice, running in the interstices of the muscles, or in the cellular substance, occasioned by the matter of abscesses, or ulcers, not finding proper vent, insinuating itself into the cellular substance.

Q. 256. *What Prognosis can be given of Sinus in general?*

A. It must depend upon the habit of body of the patient. When sinuses are occasioned by some fault of the constitution, when they are of long standing, and when they penetrate into any of the joints, the prognosis must be very doubtful.

Q. 257. *How is a Sinous Ulcer to be cured?*

A. The principal thing in view in the cure of a sinus, is to produce a total annihilation

hilation of the cavity, from whence the matter is discharged. This is effected by exciting a certain degree of inflammation, so as to occasion a concretion of the sides of the sinus. For this purpose acrid substances have been recommended to be injected into sinuses. But a seton introduced into the opening of the sinus, and carried through it to its other extremity, as recommended for abscess (Q. 49.) answers better. As soon as a sufficient degree of inflammation is produced by it, it is to be removed. Making a free incision with a scalpel the whole length of the sinus answers equally well, when the situation of it is such as to admit of this.

FISTULA*.

Syn. A CALLOUS NARROW SORE.

Q. 258. *What is a Fistula?*

A. It is a sinus (Q. 255.) with callous edges, deeply seated, and discharging pus.

* *Fistula, Sauvagesius, Linnaeus, Vogelius, Cullenus.*

by a small opening; for the most part occurring in the anus, neighbourhood of the rectum, perineum, and urethra.

VAR. *A.* FISTULÆ IN ANO.

Q. 259. *What are the Causes of Fistulæ in Ano?*

A. They may be occasioned by abscesses, or collections of matter about the anus, not finding an outlet, spreading among the interstices of the muscles, and between them and the integuments. Contusions of the buttocks may produce inflammation of them, and from these collections of matter a caries of the os sacrum or coccygis. Inflammation produced by piles, or condylomatous tumours about the anus may be also causes of fistulæ in ano.

Q. 260. *How do Fistulæ in Ano terminate, if improperly treated?*

A. At last not only the parts about the perineum and rectum become diseased, but sometimes the matter corrodes the bladder
and

and makes a hole in it. In this manner a communication has been often found between the rectum and bladder. The os sacrum and coccygis become at last carious, and death puts an end to the sufferings of the patient.

Q. 261. *How are Fistulæ in Ano to be treated?*

A. Whenever inflammatory tumours are observed about the anus, as soon as their resolution is found impossible, every method already recommended for promoting pus (Q. 10.) is to be attempted; and when matter is once fully formed, it is immediately to be evacuated. But when, from some improper treatment, this has been neglected, and painful callosities have taken place about the edges of the sac, formed by the tumour being allowed to burst of itself, the affection is to be treated exactly in the same manner as recommended for sinus (Q. 257.). There is no occasion to remove the callous edges, as has been generally recommended. Making an incision

sion only by a probe-pointed bistory into the fistula, answers much better.

Q. 262. *How is the Operation for Fistulæ in Ano executed?*

A. The patient being placed in a proper posture, the finger of the surgeon is to be rubbed over with oil, and introduced into the rectum: the point of a probe-pointed bistory is to be inserted into the fistula, and pushed against the finger in the rectum, if a communication takes place between the finger and the rectum. When this, however, is not the case, and the fistula runs only in the direction of the rectum, a sharp-pointed bistory is to be used. A piece of cork, similar to the finger, is to be introduced into the rectum, to receive the point of the bistory after it has penetrated into the rectum. It is now to be taken out at the anus, withdrawing the cork at the same time, so that the surgeon may finish the operation by one stroke of the knife. A degree of inflammation being in this way produced, the callous edges are destroyed, by the formation of pus on their surface; and by gentle pressure,

pressure, a cure is then generally obtained. When fistulæ are at a distance from the rectum, they are to be opened by a directory and a scalpel.

VAR. B. FISTULA IN PERINEO.

Q. 263. *What are the Causes of Fistulæ in Perineo?*

A. Fistula in the perineo may arise from wounds of the bladder, and of the urethra, from external violence; from a laceration of parts, when performing the operation of lithotomy; from incisions into the urethra, for the extraction of calculi happening to stop there; by sinuses producing matter capable of corroding the membranous part of the urethra; from suppuration taking place in the perineum, being the consequence of inflammation; from the urine passing through an opening of the urethra into the perineum, scrotum, or other neighbouring part, and rendering the edges of the sore callous. *Fistulæ in perineo*

rineo are for the most part occasioned by venereal complaints.

Q. 264. *How are Fistulae in Perineo to be treated?*

A. When, they are the consequence of other affections of the system, before a cure is to be attempted, a removal of the primary affection is necessary. When the complaint is only of a local nature, a simple incision into the sinus is all that is necessary, to discover the wound in the urethra, into which a catheter is to be previously introduced. A small portion of the fistulous edges of the fore may be removed, and the edges are to be placed as nearly in contact as possible. When a communication takes place between the body of the bladder and the perineum, the sinus is to be laid open to its bottom, the callous edges are to be removed as far as can be done with safety, and the wound is to be allowed to heal from its bottom, as already recommended.

VAR. C. FISTULA LACHRYMALIS.

Q. 265. *What is a Fistula Lachrymalis?*

A. A dilatation of the lachrymal sac, from obstruction of its duct, sometimes takes place, so as to burst the sac at last; when an opening is formed, in the most prominent part of the tumour, through which the tears and matter it contained are discharged: but upon this taking place, it closes again, until another collection forms, when it bursts again; and so on repeatedly, until at last an opening remains with callous edges; and when the complaint has subsisted for some time, the bones of the nose come to be affected, and the discharge becomes foetid.

Q. 266. *What are the Causes of Fistula Lachrymalis?*

A. The affection may arise from inflammation of the membrane of the duct, from catarrh, measles, cold, venereal affections, scrofula, wounds, and tumours, producing an obstruction to the passage of the tears into the nose.

Q. 267.

Q. 267. *What Prognosis can be given of Fistula Lachrymalis?*

A. When the disease is the effect of scrofula, or of venereal affections, a cure can never be expected until the primary affection is removed. But, when the affection arises from inflammation, in consequence of cold, or of the measles, the prognosis may be more favourable. When the obstruction is owing to the pressure of tumours, in the neighbourhood of the duct, a cure is easily effected, provided there be a possibility of removing such tumours with propriety.

Q. 268. *How is a Fistula Lachrymalis to be treated?*

A. The mode of treatment must vary according to the different stages of the disease. When inflammation of the membrane of the duct is the cause of the obstruction, the antiphlogistic regimen becomes exceedingly necessary, to prevent adhesion of the sides of the duct. When the obstruction is seated in the puncta lachrymalia, or in the duct, by the visciditv of the
matter,

matter, by remora, a fine probe may be passed through them, to remove the obstruction; or a curved probe, introduced into the nose, may remove any obstruction of this kind from the nasal duct. Pressure upon the duct by a column of mercury, raised in a tube, may have some effect in removing the obstruction. When fistulæ lachrymalis arise from lues venerea, or scrofula, no cure can be expected until the primary affection be removed. Pressure upon the sac has been recommended to such as will not submit to a removal of the complaint by an operation. In this way the tears run over the cheek during life, when an accretion of the sides of the sac has taken place. The only remedy left, is to make an artificial passage for the tears, by a surgical operation.

Q. 269. *How is the Operation for Fistula Lachrymalis executed?*

A. After making an opening in the most depending part of the tumour, by a lancet, and discharging the sac of its contents, if it is found impossible to open the natural passage by

P

a probe

a probe passed forward in the natural direction, and with moderate force, recourse is to be had to drill cautiously an artificial opening through the os unguis, by a trocar, or any other sharp-pointed instrument. When the instrument has penetrated a sufficient depth is easily known, by the want of resistance, and blood being discharged by the nose. A proper attention to the direction of the instrument, in making the perforation, is always necessary: it is to be made in an oblique direction downwards from the inferior part of the sac. As soon as the perforator is removed, a silver tube is to be introduced into the opening, where it is allowed to remain until the edges of the wound become callous. As soon as this is effected, the tube is withdrawn, and the external wound heals readily.

GEN. XVIII. *VISCIDA.*

SCROFULOSA*.

Q. 270. *How are Scrofulous Ulcers to be treated?*

A. To effect a cure, a removal of the general affections of the system becomes requisite. Solution of saccharum saturni may be applied to the part, and sea-bathing may be used with some effect. No attempt ought to be made to convert the discharge of scrofulous ulcers into proper pus, as the application of warm poultices seems to do harm, and as there is no possibility of changing the curdly matter discharged by them into pus.

SYPHILITICA†.

Q. 271. *How are Venereal Ulcers of long standing distinguished?*

A. For the most part they can be distinguished, from their situation; from their

* Elcolis Scrofulosa, *Sauvagesius.*

† Elcolis Syphilitica, *Sauvagesius.*

attacking the throat, palate, bones of the nose, and middle of the long bones of the extremities; and by their yielding a greenish tough sort of matter, different from mild pus.

Q. 272. *How are Venereal Ulcers to be treated?*

A. When they are of a local nature, only in the form of what has been named chancre, burning them out with lunar caustic removes them effectually. But when venereal ulcers arise in consequence of the general affection of the system, a regular course of mercury is to be used, which seldom fails to effect a cure.

GEN. XIX. ICHORA.

CANCER*.

Q. 273. *How is a Cancer to be treated?*

A. Medicine has little effect in produc-

* Carcinoma, *Linneus, Sagarus, Vogelius.*

ing a cure. All that can be done, therefore, is, to palliate the disease, by using a mild and nourishing diet, with small doses of opium, wine, and bark. Also fine lint, and a sponge, may be applied to the fore, together with cataplasms of cicuta, and opium. Where the cancer is only local, it should be removed, if it can be done with propriety.

CARIES*.

Q. 274. *What is a Caries?*

A. It is a mortification of the bone, attended with a discharge of an ichorous nature, and which is always very foetid. Sometimes it arises from a denudation of the bone, by a separation of the periosteum. When this occurs, the bone, in the course of three or four days after the accident, acquires a yellowish colour, and afterwards a brown; in a short time the surface of the soft parts puts on a flabby and glazed

* Caries, *Sauvagesius*, *Sagarus*, *Linnaeus*, *Cullenus*, *Vogelius*.

appearance; granulations, during the whole course of the disease, advance very rapidly; even before the exfoliation of the diseased portion of the bone takes place.

Q. 275. *What are the Causes of Caries?*

A. External injuries of any kind, or internal faults of the constitution, affecting the periosteum: The matter of ulcers improperly treated, corroding the periosteum: Inflammation of the periosteum itself, from whatever cause, and the improper application of acrid substances to the bone.

Q. 276. *What Prognosis should be given of Caries?*

A. The Prognosis must depend upon the situation of the part affected. The danger attending it, arises from its being situated near parts essentially necessary to life, and also from its affecting the joint. The cure becomes more difficult, where it is situated on the hardest parts of the bones, as it requires greater time to effect an exfoliation. The cure is also more difficult, when the caries is extensive; when it is the effect of
contu-

contusion, or of a fault of the general habit.

Q. 277. *How is Caries to be treated?*

A. Whenever, either by the natural exertion or by art, a separation of the diseased portion of the bone from the sound takes place, a cure is to be immediately attempted, in the same manner as recommended already (Q. 249.) for simple ulcer; more particularly if the affection be of a local nature; only the contiguous soft parts are to be kept from healing, until this takes place. Several applications have been recommended, to promote a separation of the diseased portion of the bones, so as to hasten the cure, when the natural effect is found slow and insufficient. But the best method, as yet discovered, is, to make a number of small holes in the bone, by a perforator, so as to promote a certain degree of inflammation, which will effect a separation of the diseased portion. Decoctions of bark are to be, at the same time, applied to the fore.

VAR. ODONTALGIA CARIOSA*.

Syn. TOOTH-ACH FROM CARIOUS
TEETH.

Q. 278. *How is Tooth-ach, arising from Carious Teeth, to be treated?*

A. When the caries has destroyed the substance of the tooth, and by exposure of the nerve to the cold air, violent degrees of *Tooth-ach* are produced, and if the caries be not owing to a constitutional cause, the tooth is to be removed; especially when the caries is only owing to some external injuries, and when one of the teeth only is affected. But when there is more than one tooth affected, and the caries is owing to some other disease of the system, removal of them is not adviseable. The admission of the air, by its having access to the nerves of the teeth, is to be obviated, by filling the cavity of the tooth with some metallic body. Some acrid substances may

* Odontalgia Cariosa, *Fauchart*.

be first thrown into the tooth, to destroy the irritability of the nerve altogether; such as opium, spirit of wine, camphor, and essential aromatic oils. But although this may, for some time, destroy the power of the nerve, yet, in a short time, it acquires its former sensibility. Some have recommended, therefore, to destroy the nerve altogether, by lunar caustic, or the actual cautery, by introducing a red hot wire into the cavity of the tooth. But there is a considerable degree of danger attending the former of these methods, and patients will not readily submit to the latter. The best method of destroying the nerve, is by extracting the tooth; and, as soon as the socket is cleared of the blood, if the tooth be not much spoiled, it is immediately to be replaced, and it becomes as useful as before. This method can be, with propriety, always attempted, when the canini or incisores are only affected. Tooth-ach may arise from other causes besides carious teeth; as from inflammation. Tooth-ach is

is also symptomatic of other affections, as of pregnancy*, and of hysteri†.

Q. 279. *How is the Operation for extraction of the Teeth executed?*

A. The teeth may be extracted in various directions; but it is evident, from the structure of their fangs, and of the alveoli, that the more perpendicularly they are pulled, the less contusion and injury will be done to the jaw-bones, and the alveoli will be less hurt; a circumstance of the greatest importance in the extraction of teeth. But as no proper instrument has been as yet invented, capable of effecting this properly, a lateral direction is generally recommended, by an instrument in the form of a key, with a claw and fulcrum; which should be always covered with a piece of linen cloth. After dividing the soft parts of the gum from the tooth, the claw is to be fixed as far down, betwixt the tooth and gum, as

* Odontalgia Gravidarum, *Mauriceau*.

† Odontalgia Hysterica, *Sauvagesius*.

possible. Then the fulcrum is to be applied on the opposite side. The surgeon may now, with one turn of the handle of the instrument, pull the tooth out at once. But the turn should not be effected by a sudden jerk, but in the most cautious and slow manner. When it happens to be one of the great molares, whose roots diverge very much, and when they are firmly fixed, after only loosening it with the first pull, the claw of the instrument is to be applied to the other side of the tooth, and the turn given in a contrary direction to the first. After it is sufficiently loosed in this manner, it is to be laid hold of by a common teeth forceps, and extracted in the easiest manner. The first turn of the instrument may be either outwards or inwards, indiscriminately, as the roots of the molares diverge equally well on both sides except in the two last molares of the lower jaw, where the turn of the instrument should be always inwards, to prevent the laceration, which would be apt to ensue from the pressure of the fulcrum of the instrument against the sharp ridge formed by the bases of the coronoid

coronoid process of the lower jaw. Upon extraction of the tooth, any detached splinter occurring is to be immediately removed. Should any considerable hemorrhagy take place, the patient may take some cold water, vinegar, or spirit of wine, into his mouth; and dossils of lint may be introduced into the socket. After all these fail, recourse must be had to the actual cautery. Stumps of the teeth may be removed by a small forceps or punch. When the tooth extracted is so much destroyed, that it cannot be replaced again (Q. 278.), another tooth, taken from a sound person, will be found to answer.

Q. 280. *In the transplanting of Teeth, what are the principle things to be attended to?*

A. To obviate deformity, as much as possible, the sockets must be whole, and free of disease. The operation of transplanting teeth can never be, therefore, with propriety attempted, in old age, or in childhood. The transplanted tooth ought to fit the socket exactly. For this purpose it
may

may be filed down, if it happens to be too large, avoiding, however, the corona of the tooth as much as possible. The transplanted tooth ought also to be taken from a person of a sound constitution.

GEN. XX. *SANIES.*

SCORBUTUS*.

Q. 281. *How is the Scorbatic Ulcer distinguished?*

A. It gives out a thin foetid sanies. The edges of the fore are of a livid colour. There arises from the bottom of the fore a brown fungus (Q. 226.), which is rapid in its growth, and, although removed by escharotics, grows still to the same size, before next dressing. Scorbatic ulcers, for the most part, occur in the cicatrices of old sores, and generally affect the gums.

* *Ileos Hematites, Splen Magnus, Hippocrates. Scorbatus Gallorum, Sea Scurvy, Lind.*

Q. 282.

Q. 282. *How is the Scorbatic Ulcer to be cured?*

A. By removing the general affection of the system; by antiseptics, such as wine, bark, both topically applied and taken into the system; vegetable diet, and a liberal use of acids and sugar.

OZÆNA*.

Q. 283. *What is an Ozæna?*

A. It is a discharge from the nose, generally of a thin acrid nature, similar to fæces, occasioned by external violence, exposure to cold, or by whatever produces a degree of inflammation in the membrane lining the nostrils. Sometimes it arises from a venereal infection, when the discharge becomes so acrid as to corrode the bones of the nose, and occasion caries of them.

Q. 284. *How is Ozæna to be treated?*

A. When the discharge is merely local,

* Ozæna, *Vogelius*.

and not depending upon any constitutional affection, dossils of lint, dipped in astringent solutions, are chiefly to be used; such as decoctions of bark. But when the affection is owing to a venereal infection, mercury is chiefly to be depended upon; and should be applied in the form of liniment, to which some corrosive substances should be added, to prevent the formation of excrescences (Q. 226.). When a caries of the bones of the nose occurs, the cure is rendered very difficult.

ORD. III. *SECERNENDA.*

GEN. XXI. *SERIFLUXUS.*

CORYZA*.

Q. 285. *What is a Coryza?*

A. It is a discharge, mostly of a ferous fluid, from the nostrils, different from Ozæna, and generally accompanying catarrh†.

Q. 286. *How is Coryza to be treated?*

A. By removing the occasional cause as much as possible, if present, a cure is generally effected.

EPIPHORA‡.

Q. 287. *What is an Epiphora?*

A. It is an extraordinary discharge of

* Coryza, Cullenus, Vogelius, Linnæus, Sauvagesius, Sagarus, Hippocrates.

† Coryza Catarrhalis, Sauvagesius.

‡ Epiphora, Sauvagesius, Sagarus, Cullenus, Vogelius, Linnæus. Delachrymalis, Plinius. Rheuma Ophthalmia, et Epiphora, Galen.

tears from the eyes occasioned by some fault of the lachrymal ducts or glands, and is generally a symptom of ophthalmia.

Q. 287. *How is Epiphora to be treated?*

A. By removing ophthalmia, if present, (Q. 31.), and by obtaining a free passage for the tears into the nose (Q. 269.), by removing inflammation, or any other cause, occasioning obstruction to the passage of the tears into the nose.

ENEURESIS*.

Q. 288. *What is an Eneuresis?*

A. It is an involuntary discharge of urine, arising from a want of power in the sphincter of the bladder†, or from the stimulus given by the irritation from calculi rubbing against the neck of the bladder; or from a laceration of parts, by the operation of lithotomy, and from the pressure of the uterus in a state of pregnancy‡.

* Eneuresis, *Sauvagesius*, *Cullenus*, *Vogelius*, *Linnaeus*, *Sagarus*. Perirrhœa, *Hippocrates*. Parexis, *Aretæus*. Stranguria, *Galen*. Incontinentia Urinæ, *Sennertius*.

† Eneuresis Paralyticorum, *Juncker*.

‡ Eneuresis Gravidarum, *Mauriceau*.

Q. 289. *How is Eneuresis to be treated?*

A. When Eneuresis arises from a want of tone in the sphincter of the bladder, the cure is very difficult. It is, however, to be attempted, by endeavouring to restore it as much as possible, by the use of bark, cold bathing, wine, and the application of blisters to the perineum. When Eneuresis arises from the irritation of calculi, opiates and mucilaginous liquors are to be used. When these fail to give relief, a removal of the calculi by an operation becomes necessary. When Eneuresis arises from a laceration of parts, in performing the operation of lithotomy, some relief may be obtained by using gentle pressure, by an instrument termed *jugum penis* in the male, and by *peffaries* in the female, to press against the urethra. These pessaries ought to be made, as already recommended (Q. 155.), for prolapsus uteri. In cases where the *jugum penis* cannot be used with propriety, an instrument may be worn between the legs, to receive the urine, as it drops from the penis.

GEN. XXII. *MUCOSA.*

GONORRHŒA VIRULENTA*.

Q. 290. *What is a Gonorrhœa Virulenta?*

A. By the term Gonorrhœa Virulenta, is generally understood, a discharge from the urethra of the male, and vagina of the female, occasioned by the venereal virus acting against the glands of the affected surface.

Q. 291. *How is Gonorrhœa Virulenta to be treated?*

A. By removing the poison, as much as possible, by mild washes, or allowing it to disappear spontaneously, and palliating the symptoms by opiates, to allay the pain and chordee, and by oil or mucilage, to supply the place of mucus to the abraded surface of the vagina or urethra.

* Gonorrhœa Virulenta, *Cullenus, Sauvagesius, Sagarus, Vogclius, Linnaeus.*

PYURIA*.

Q. 292. *What is a Pyuria?*

A. It is a discharge of mucous matter, occasioned by the irritation of calculi either in the ureter, bladder, or urethra, and sometimes assuming the form of pus.

Q. 293. *How is Pyuria to be treated?*

A. By removing the occasional cause, if possible, by using mild mucilaginous and diluent liquors, and an antiphlogistic regimen, joined, however, with opiates.

* Pyuria, *Sauvagesius*.

CLASS III.

VITIA.

ORD. I. *DIALYTICA**.

GEN. XXIII. CRUENTA.

VULNUS†.

Syn. WOUND.

Q. 294. *What is a Wound?*

A. It is a solution of continuity in any of the soft parts of the body, attended with hemorrhagy, and a corresponding division of the external integuments.

VAR. A. INCISUM‡.

Syn. SIMPLE WOUND.

Q. 295. *What are the Phænomena that occur in a simple incised Wound?*

A. Where a wound is made across the

* Vitia, Dialectica, *Linneus*.

† Vulnus, *Sauvagesius*, *Linneus*, *Vogelius*, *Platnerus*, *Gaubius*.

‡ Vulnus Simplex, *Sauvagesius*.

direction of the fibres of a muscle, on withdrawing the instrument a vacancy is immediately perceived, and a loss of substance. A hemorrhagy instantly ensues, which, however, gradually subsides, upon the parts being exposed for some time to the external air. The arteries contract, and at last a serous discharge only takes place, which in a short time also stops. In the course of a few hours, a parched state of the skin occurs, and a degree of pain, which is seldom felt in the early stages of the affection. A redness of the part, and swelling succeed, and a degree of pyrexia. When these symptoms continue violent for some time, mortification is apt to ensue. But when they are moderate, and proceed in a gradual manner, an oozing of serum takes place on the parched surface of the wound. This serum being gradually converted into pus, the other symptoms begin to abate. New granulations, being now formed on the surface of the wound, fill up the vacancy, and so accomplish a cure.

Q. 296. *What Prognosis can be given of simple incised Wounds?*

A. Wounds heal most readily in healthy and sound constitutions, when the tones of the muscular fibre is most complete. Wounds are generally difficult of healing in venereal and scrofulous constitutions. Wounds heal more readily in the belly than on the tendinous parts of muscles; or when they are inflicted on tendons passing over joints. Wounds of the bones are difficult of healing, as an exfoliation of the bone is often the consequence. Wounds in glandular parts are more dangerous, than what their first symptoms might seem to indicate, as scirrhus of them often ensues, and a cicatrix is with difficulty effected, the fores becoming fungous (Q. 226.). When a nerve is completely divided, the parts below it are deprived of motion, and sensibility to a certain degree left. When it is partially divided, high degrees of inflammation, convulsions, locked jaw, and, in some cases, death follow. Wounds of the large arteries and veins are always dangerous, as the

Q 4 hemorrhagy

hemorrhagy from them may occasion immediate death; or, the parts below being deprived of the necessary quantity of blood, mortification ensues. Wounds penetrating the large cavities of the joints are always dangerous, by the admission of the external air into cavities unaccustomed to it. High degrees of inflammation are the consequence. Wounds may at last prove fatal, which at first did not seem to be attended with any danger; such as wounds of the lungs, aorta, and stomach. By a partial debility occasioned in any part of a bowel, a rupture at last may be the consequence. Inflammation arising from wounds, being communicated to viscera important to life, is always attended with danger.

Q. 297. *How is a simple incised Wound to be treated?*

A. By obviating the hemorrhagy, (Q. 238.), and then extracting any extraneous body that may happen to be introduced into the wound, when it can be done without tearing or injuring the neighbouring parts; and particularly where
it

it happens to be of a stimulating nature. But when the case is otherwise, when the substance introduced happens to lie deep, and is not of a very stimulating nature, or contiguous to any considerable blood vessel, it is to be allowed to remain until the supuration formed in the wound throws it out. But when the wound is inflicted by a clean cutting sharp edged instrument, and when no extraneous body happens to be introduced, the edges of the wound are to be immediately brought into contact, and kept in that state, by adhesive plaisters or futures, until an exudation of the glutinous parts of the blood forms an adhesion of opposite sides, when new vessels shoot out, and support the parts afterwards more fully. In this manner the wound is healed, by what has been named the *first intention*.

Q. 298. *What are the Sutures that are generally used for retaining the Edges of Wounds in contact?*

A. The different kinds of futures must,
in

in some cases, be adapted to the form of the wound. When the wound is very deep, a future, named *interrupted*, has been used. By inserting two needles on one ligature, and introducing each of them at the bottom of the wound, they are to be pushed outwardly, at a proper distance from the edges of the wound; then the needles are to be taken off the ligature, which is now to be pulled a little, so as to bring the edges of the wound into contact. A number of these are to be introduced; according to the extent of the wound. When the retraction from the edges of a wound is very considerable, a future, termed *twisted*, has been recommended; particularly when the wound is not very deep. It is executed by introducing two or more pins, according to the extent of the wound, through both its edges. After placing the edges in contact upon the pins, a wax ligature is to be twisted round these, so as to form a figure of S. In wounds of the abdomen and intestines a future has been recommended, named *the glover's future*. It consists of a great number

number of stitches, connected in a spiral direction, along the edges of the fore.

Q. 299. *On what does the want of success in the Cure of simple incised Wounds depend?*

A. When the discharge from the fore is excessive, so as materially to weaken the patient; when no proper pus is formed on the surface of the fore; when the retraction is so considerable, that the edges cannot be brought into contact, and pain occurs, such circumstances are always prejudicial to the healing of wounds.

Q. 300. *How are the circumstances (Q. 299.) tending to prevent the Cure of simple incised Wounds to be obviated?*

A. When the discharge from the fore is excessive, the patient's strength is to be supported by a proper diet. When no pus is formed on the surface of the fore, the application of heat, by means of poultices, and a proper regimen, are to be used.

Poultices

Poultices are not, however, to be too early applied, as a certain degree of inflammation is necessary, for secreting the serum (Q. 2.), which is afterwards converted into pus. Poultices are immediately to be laid aside as soon as pus is formed; for, when they are continued longer, they seem to do harm. When the retraction of the edges of the wound is considerable, to hasten the cure, the edges are to be brought as nearly in contact as possible, by relaxing the neighbouring muscles. High degrees of inflammation are to be obviated, by an antiphlogistic regimen (Q. 8.), particularly by both general and topical blood-letting. In cases of extraordinary pain and irritation, opiates are to be used, and the irritating causes removed, if possible.

VAR. B. PUNCTURA*.

Syn. PUNCTURED WOUND.

Q. 301. *From whence arises the danger of Punctured Wounds?*

A. From their form, which is always more favourable for allowing matter to lodge within them; from the chance of a nerve or tendon being partially divided; and of some great blood vessel, deeply seated, being wounded, which cannot be readily secured, or laid hold of.

Q. 302. *How are Punctured Wounds to be treated?*

A. To effect a cure of a Punctured Wound some recommend a certain degree of inflammation to be produced, by means of a seton, or irritating injection; and then, by compression, to keep the sides of the wound in contact. Others recommend a free and extensive incision to be made in the fore, so as to convert it into the form of a simple

* Punctura, Sauvagesius, Linnæus, Sagarus.

incised

incised wound (Q. 297.). - The first of these may be sometimes used with propriety, when no extraneous body is lodged in the wound; when no considerable hemorrhagy takes place; when the punctures lie deep and contiguous to some large blood vessels; when the punctures pass into the opposite side of the integuments, so that a counter opening can be made opposite to the puncture. But when, on the contrary, the direction of the wound is such as not to admit of a counter opening, when there is reason to understand some extraneous body is lodged in the wound, or by the hemorrhagy, that some considerable blood vessel has been wounded, which cannot be laid hold of, then an extensive incision is to be made into the wound, so as to convert it into the form of a simple incised wound. In some cases, when the seton cannot be introduced, throwing in injections of mild astringent substances, may have some effect; but these are never to be attempted until every other method has failed, as they are apt to produce a degree of callosity on the surface of the wound, which is always unfavourable for

for the healing. The injections generally used, are decoction of oak bark, wine, lime-water, and solution of saccharum saturni. In some cases, also, the external opening of the wound heals before granulations are formed at the bottom. This ought to be guarded against by proper tents, which swell by the moisture of the sore, and so keep the wound of the same size.

Q. 303. When a Nerve or Tendon is partially divided, what are the consequences?

A. When, in performing the operation of blood-letting, a nerve happens to be partially divided, from the prick of a lancet, the whole of the part soon after the operation assumes an erysipelatous appearance; the parts about the wound become tense, and the pulse becomes hard and quick; the pain grows intense; the patient is exceedingly restless; twitchings of the tendons, and a locked jaw, often take place; and the patient is at last carried off in a fit of convulsions.

Q. 304.

Q. 304. *How are Wounds of Nerves and Tendons to be treated?*

A. From the degrees of inflammation that ensue from wounds of the nerves, the antiphlogistic regimen has been generally recommended. Several topical applications have also been used; particularly solutions of saccharum saturni, which is preferable to any warm application. By many the warm bath has been recommended, and by others the cold bath. When locked jaw has taken place, mercurials and emollients have been recommended. When the pain is excessive, opiates, in full doses, are attended with the best effects. When all these remedies fail, it has been advised to make a free incision in the parts above the place chiefly affected, when immediate relief is said to be obtained, by a division of the contiguous nerves and tendons. The after treatment of the wound is the same as recommended already for simple incised wounds (Q. 297.).

VAR. C. LACERATURA*.

Syn. LACERATED WOUND.

Q. 305. *What is a Lacerated Wound, and how is it to be treated?*

A. A lacerated wound is occasioned by forcibly tearing asunder parts without a cutting instrument, and is attended with ragged edges. Such wounds are to be treated, by using an antiphlogistic regimen, and by applying the edges of them as close together as possible, as already recommended (Q. 297.).

VAR. D. CONTUSURA†.

Syn. CONTUSED WOUND.

Q. 306. *From whence arises the danger of Contused Wounds?*

A. From the chance of the organization of the part being completely destroyed, so

* Laceratura, *Linnaeus*.

† Contusura, *Linnaeus*.

that circulation may be impeded, and mortification be the consequence. The irritation of contused wounds is also sometimes so very considerable, as to excite such a degree of inflammation, as will terminate in gangrene, notwithstanding every method taken to prevent it.

Q. 307. *How is a Contused Wound to be treated?*

A. When the injury done to the part has been so very considerable, as to destroy the vessels of the part intirely, and when, in consequence of mortification, a separation of the contused from the sound parts takes place, or when the contusion has been extensive, it may prove fatal, particularly when it happens upon parts essential to life. The principal object, in the treatment of contused wounds, therefore, is to obviate gangrene as much as possible, by preventing high degrees of inflammation from taking place, by a strict antiphlogistic regimen, and particularly topical bleeding with leeches. The parts are to be covered with
emollient

emollient poultices, to favour the formation of pus, but when, notwithstanding every attempt, gangrene has once come on, all further discharges are to be prevented, and the most nourishing diet, with wine and bark, are to be used. The bark is to be taken into the stomach, in such quantities as it can bear.

Q. 308. *How are Wounds, penetrating the Capsular Ligaments of the Joint, to be treated?*

A. Though wounds of the capsular ligaments of the joints do not seem at first alarming, yet by exposure to the air, the lining membrane of such cavities acquires such a degree of sensibility, as to endanger life, when it happens to be the cavity of some of the great joints. As soon, therefore, as any extraneous body pushed into the joint is removed, the admission of the external air is to be guarded against as much as possible. But when, from inattention, or mismanagement, high degrees of inflammation are produced, an antiphlogistic regimen becomes necessary.

When matter, in consequence of such inflammation, is found within the cavity of the joint, it is to be evacuated, as recommended for dropical swellings of the joint (Q. 97.). Where the ligament is much contused, amputation becomes necessary.

Q. 309. *How are Wounds, penetrating the Trachea and Œsophagus, to be treated?*

A. The hemorrhagy is to be obviated, as already recommended (Q. 238.). Should the carotid arteries happen to be divided, they are to be secured by ligature, as it gives the patient a small chance of life, from the brain being supplied by the vertebrals. If the jugular vein is wounded, it is to be treated in the same manner. When wounds of the trachea are of a longitudinal direction, straps may keep their edges in contact. The most common direction, however, of wounds of the trachea, is, a transverse incision between two of the cartilages. When they happen to run deep, the interrupted future (Q. 298.) is to be used. The head of the patient is to be at the same time kept in a bended state, during the cure.

Wounds

Wounds of the œsophagus are to be treated in the same manner. In longitudinal wounds of the œsophagus, a cure may be completed, without the assistance of art.

Q. 310. *How are Wounds, penetrating into the Cavity of the Thorax, distinguished from superficial Wounds of the Thorax?*

A. From the length into which the instrument inflicting them has penetrated. It may be also distinguished, whether wounds have penetrated into the cavity of the thorax, by throwing mild injections into them. If they are only superficial, the injections return immediately. When air is extravasated in the cellular substance (Q. 41.), it is a proof of the lungs being wounded, particularly when the quantity of blood discharged is considerable, and of a frothy red colour. When blood is thrown up by the mouth, we may be certain of the lungs being wounded. The pulse also becomes feeble, and the breathing laborious, in wounds of the lungs, by the compression on them from the extravasated blood.

Q. 311. *How are Wounds, penetrating into the Cavity of the Thorax, and injuring its contents, to be treated?*

A. When considerable hemorrhagy occurs, from the intercostal arteries lodged in the groove of the ribs, it is to be obviated, by a doffel of lint over the artery, and by furrounding the artery, rib, and portion of the pleura, by one ligature. The extravasated blood is, then, to be removed, as already recommended (Q. 127.). When the hemorrhagy proceeds from the lungs, a strict antiphlogistic regimen is adviseable. When the heart, or any of the great vessels are divided, death is very soon the consequence, either from the immediate hemorrhagy occasioned, or from the partial debility occasioned from the cicatrix. Should the wound happen to heal, an aneurism is formed (Q. 204.). When the thoracic duct happens to be divided, the patient ought to be kept for some time on a spare diet, which should be repeated frequently, and in small quantities. Whatever hastens the motion of the heart, or of respiration, is to be

be guarded against. When the diaphragm, or mediastinum, is wounded, all that can be done, is, to use a strict antiphlogistic regimen. In superficial wounds of the thorax, the cure is to be attempted by a seton or incision (Q. 302.). When, in consequence of the inflammation of such wounds, matter is formed, it is to be discharged as soon as possible, to prevent its penetrating the thorax.

Q. 312. *What are the Diagnostic Symptoms, whether Wounds have penetrated into the Cavity of the Abdomen?*

A. By attending to the depth to which the instrument inflicting the wound has penetrated, and to the discharge from the wound, it can be readily distinguished whether wounds have penetrated into the cavity of the abdomen. When a discharge of fœces, liquor pancreatis, or bile, takes place, it is a proof of the wound not only having penetrated the cavity of the abdomen, but also injuring its contents. The state of the pulse may likewise assist the diagnosis; for when a great quantity of

blood is effused, fainting fits and cold sweats come on, and the pulse becomes low. When the stomach is wounded, singultus and vomiting of blood generally take place. When blood is also passed by stool, there is reason to suspect, that some of the bowels have been wounded; particularly some portion of the alimentary canal. When blood is discharged by the urine (Q. 243.), there is reason to suppose, the ureters or kidneys have been wounded. Wounds of the spleen and liver may be readily distinguished, from their situation. When the mesentery is wounded, a discharge of chyle takes place.

Q. 313. How are Wounds, penetrating into the Cavity of the Abdomen, and injuring its contents, to be treated?

A. When no alarming symptom occurs, immediately after a wound is supposed to have penetrated into the cavity of the abdomen, the principal thing to be attended to, is, the prevention of the external air, as much as possible, from finding access into the cavity of the abdomen; as the consequence, from the

the admission of it, might prove fatal, independent of any wound of the bowels. When any of the viscera protrude through the wound, and a mortification of them has taken place, they are to be treated as recommended for Hernia (Q. 144.). When any portion of the intestine is divided, it has been recommended to stitch it with *the glover's suture* (Q. 298.). The same suture may be also used in wounds of the stomach, when a strict antiphlogistic regimen ought to be adhered to, and nourishing injections should be thrown up by the anus to support life. When any of the lacteals are wounded, they are to be secured, if possible, by ligatures. When the kidneys happen to be wounded, the urine passing through the external wound, renders its edges callous, and so prevents it from healing. When this takes place, the callous edges of the sore are to be removed, from time to time, by lunar caustic. When the bladder happens to be wounded, *the glover's suture* may be also used (Q. 298.). In wounds of the uterus, when in a pregnant state, the hemorrhagy that succeeds is generally very
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considerable. Little can be done to obviate it, until the foetus is expelled. The contraction of the uterus will generally then effect a stoppage of further hemorrhagy. Should abortion, therefore, be threatened, upon wounds being inflicted on the uterus, nothing should be done to obviate it.

Q. 314. *How are transverse Wounds of the Orbicularis Muscle of the Eye to be treated?*

A. When the divided portions are at too great a distance from one another, rather than draw them forcibly together, Nature is to be trusted to make up the deficiency; but when the retraction of the edges is not considerable, the twisted future (Q. 298.) is to be used, to retain the edges in contact. It must be used in such a nice manner, as not to render the eye-ball too tight, or impede its motion in the least. The eye should be closed, and a compress laid over it, so as to prevent its rolling. The compress is to be secured by a proper bandage.

Q. 315.

Q. 315. *From whence arises the Danger of Wounds of the Eye-Ball?*

A. From the high degree of inflammation occasioned by such, either a partial or complete blindness is occasioned. The bones of the orbit being exceedingly thin, such wounds are in danger of affecting the brain. The danger of such wounds arise also from the extent of them; particularly when they are so considerable, as to allow the whole of the humours of the eye to escape. Specks are generally the consequence of wounds of the lucid cornea: these alone may occasion complete blindness.

Q. 316. *How is a Division of the Duct of the Parotid Gland to be treated?*

A. When the division is of a recent nature, and the saliva has not rendered the edges of the wound callous, by running over the cheek, both the sides of the wound are to be applied as close together as possible. But when the duct is entirely obliterated, and the saliva runs along the cheek,
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an artificial passage is to be made, which is to be kept afterwards open, by inserting into them a piece of bougie, until the edges grow callous. The bougie should then be removed, and the external wound treated in the common manner.

VAR. E. MORSURA*.

Syn. BITE OF MAD ANIMALS.

Q. 317. How are Wounds arising from the Bite of Mad Animals to be treated?

A. The injured part ought to be removed by the actual cautery, or scalpel, as soon as possible after the accident. It should be attempted, however, at any time before hydrophobia takes place, as there are instances of no alarming symptoms occurring for several weeks after the accident. Mercurial frictions, and sea bathing, are said to be of some service in preventing hydrophobia. The same method of cure has

* Morsura, *Linnaeus*.

also been recommended for the bite of the viper*. The cutting out of the part ought, however, to be more early performed, as the poison of vipers operates more quickly than that of other animals. In some cases, a few hours after the accident, languor, nausea and vomiting, cold sweats, convulsions, and a yellow colour over all the body, takes place. Florence oil has been recommended in such cases. Whatever produces a copious sweat is found in general to alleviate the effect of the poison. When wounds are poisoned by the matter of lues venerea, cancer, or by some of the vegetable or mineral powers, the same mode of treatment is applicable, of cutting out the poisoned part.

VAR. *F.* SCLOPETOPLAGA†.

Syn. GUNSHOT WOUNDS.

Q. 318. *From whence arises the Danger of Gunshot Wounds?*

A. From the great degree of contusion

* *Vulnus Virulentum, Sauvagesius.*

† *Sclopetopлага, Sagarus. Vulnus Sclopetarum, Sauvagesius.*

attend-

attending them, and the high degree of inflammation which generally ensues, and which, when it does not terminate in direct mortification, is apt to produce such a discharge of pus from their surface; as to exhaust the patient. The danger of gunshot wounds arises also from their being sometimes attended with a fracture of the bones.

Q. 319. *How are Gunshot Wounds to be treated?*

A. The mode of treatment must be the same as recommended for contused wounds. Unless the hemorrhagy be profuse, there is no occasion for stopping it. The ball and any extraneous body happening to be pushed in along with it are to be extracted; particularly when they happen to be lodged in a bone, on account of the pain and tension they occasion from the unyielding nature of the bone. The ball may be extracted by the common forceps: if it cannot be effected in this manner, a counter-opening is to be made in the opposite side, and the ball in this manner may be extracted.

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When a flough happens to form on the surface of the sore, nothing removes it so effectually as a plentiful suppuration: but when the discharge happens to be very great, it is to be obviated, by supporting, in the first place, the strength of the patient, and afterwards removing any irritating substance, that may happen to be still lodged in the wound. When, in consequence of gunshot wounds, the large joints have been injured, by the ends of the bones being much shattered, or when one of the large bones of the extremities is shattered in its whole length, and attended with much contusion, and laceration of the corresponding soft parts, immediate amputation is advisable.

Q. 320. *Providing a Surgeon has his choice, what are the most eligible parts of performing Amputation in the Extremities?*

A. It always ought to be an unvaried rule, to save as much of the upper extremities as possible. When amputation is necessary below the knee, although the affection be in the ankle joint, nine inches
below

below the knee answers best in the adult. But when the affection is situated above this, amputation above the knee has been found, in every case, to answer best.

Q. 321. How is Amputation above the Knee Joint to be performed?

A. After laying the patient in a horizontal posture, on a proper table, or bed, a cushion is to be laid on the course of the femoral artery, above which the strap of the tourniquet (Q. 238.), is to be applied, a few inches above the part where the first incision is intended to be made. An assistant is now to sit on a low seat, before the patient, and to lay hold of the limb, while another pulls up the integuments. The surgeon now, standing on the outside of the patient, is with one sweep of the knife to divide the greatest part of the integuments; with a second sweep, which should be a continuation of the first, he is to complete the circle. As soon as the integuments are divided, a portion of them is to be dissected, by a scalpel, from the muscles, so as to
cover

cover the stump completely. Then the surgeon is to take the amputation knife a second time, and he is to divide the whole of the muscles, a little higher up than the first incision in the integuments, perpendicularly to the bone. Then the muscles are to be separated a little from the bone, to admit of its being divided a little higher up than the muscles. Two retractors are then to be applied to support the soft parts, and keep them from being injured by the saw, with which the bone is now to be cautiously, and with gentle strokes, divided. As soon as the leg is removed, any protruding spiculæ left by the saw are to be taken off by a pair of pincers made for that purpose. If the femoral artery is discovered, it is immediately to be secured by a ligature. The tourniquet is then to be slackened a little, to discover any other vessels which may be easily laid hold of and secured (Q. 238.). Then the clotted blood is to be removed by a sponge, and the ligatures are to be allowed to hang out, at the inferior angle of the wound. The edges of the wound being now brought into contact, by drawing the

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integu-

integuments over the surface of the wound, they are to be retained by adhesive straps, so as to effect a cure by the first intention. The wound is then to be covered by soft lint, and the patient is to be laid in bed, and an opiate given him. The stump is then to be laid on a pillow, to which it should be fixed by straps, and the pillow should be also secured to the bed, to prevent any spasmodic starting of the stump. To obviate the inconvenience attending the pressure of the bed cloaths upon the stump, a frame with a number of hoops is generally recommended. The tourniquet should be allowed to remain still upon the limb, but in a very slack state, as it may be immediately straitened by the person attending the patient, upon any sudden hemorrhagy occurring, until the surgeon is called for, to secure the bleeding vessels.

Q. 322. In the after Treatment of Amputation, what are the principal Circumstances to be attended to?

*A. To prevent excessive inflammation
from*

from taking place, by using a strict anti-phlogistic regimen. But this rule is not to be always followed in weak relaxed habits, where a different mode of treatment is necessary. The first dressings ought to be removed the third day after the operation, and new dressings are to be applied, as at first, every second day, until the inflammation has entirely subsided. Then the ligatures are to be removed, pulling them gradually and gently every day, until they come easily off.

Q. 323. *How is Amputation performed below the Knee Joint?*

A. The first incision is to be made through the integuments as recommended (Q. 321.) for amputation above the knee. The muscles are to be divided in the same manner also; then the interosseous ligament is to be divided by a scalpel, or catalene, and the retractors applied in such a way as to protect the soft parts from the saw, with which the bones are to be divided, in such a manner as to have them both cut through

at the same time. The treatment of the wound is the same as recommended for amputation above the knee (Q. 321. and 322.).

Q. 324. How is Amputation with a Flap performed, in the Hip Joint?

A. A small cushion being placed over the femoral artery, immediately as it passes below Poupert's ligament, a circular incision is to be made, about four inches below the cushion, through the integuments. Then the muscles are to be divided perpendicularly down to the bone. A longitudinal incision is now to be made, on the posterior part of the thigh, with a scalpel as far up as the acetabulum; a similar incision being made on the opposite and anterior part of the thigh, so as to form two flaps. The bone is to be turned inwards to allow the point of the scalpel to reach the ligamentum rotundum of the joint. As soon as it is divided, the operation is finished. After securing the hemorrhagies as already recommended (Q. 238.), the flaps are to be applied close together, and kept in contact, until

until a cure is completed by adhesive straps.

Q. 325. *How is Amputation performed at the Shoulder Joint, Toes, and Fingers?*

A. The hemorrhagy may be managed, by pressing with the fingers on the subclavian artery, as it passes over the first rib; or by making an incision on the course of the artery, and securing it with a ligature, before beginning the operation. A circular incision is to be made about three inches below the head of the humerus; then two other incisions are to be made, one on the anterior, the other on the posterior part of the humerus, so as to form a flap, as recommended for amputation at the hip joint (Q. 324.). Amputation of the toes and fingers are generally performed in the joints, in the same manner, by leaving a flap of the soft parts, to cover the stump.

FRACTURA* COMPLICATA.

Syn. COMPOUND FRACTURE.Q. 326. *What is a Compound Fracture?*

A. It is a loss of continuity in the substance of the bones, attended with a corresponding wound in the soft parts, and occasioned by external violence.

VAR. A. THLASIS†.

Syn. FRACTURE OF THE BONES OF THE HEAD, WITH COMPRESSION.Q. 327. *What are the Diagnostic Symptoms attending Fracture of the Bones of the Cranium?*

A. The bones of the Cranium being beat in by external violence, diminish its cavity, by the depressed pieces occupying some of the natural space allowed for the brain. The

* Fractura, *Sauvagesius*, *Cullenus*, *Linnaeus*, *Gaubius*, *Villars*.

† Thlasia, *Vogelius*.

blood.

blood effused, in consequence of fractures, may have also the same effect; so that, in either case, *compression* of the brain is the consequence. When this takes place, its functions are obstructed; an apoplectic stertor of the breathing comes on; loss of voluntary motion, convulsions, tremour, involuntary discharge of the urine and fæces, giddiness, dimness of sight, dilatation of the pupil; sometimes a hemorrhagy from the nose, eyes, and ears, occur, and sometimes the fracture of the bone may be distinguished through the external wound in the integuments. In some cases, however, fracture of the bones of the cranium occurs, without any external wound. In such a case, it is difficult to determine, whether a fracture has taken place or not. When a tumour, however, arises from a recent contusion, attended with the above symptoms, there can be no doubt of the existence of a fracture. But, in a few cases, compression has been found to take place, without any tumour arising. In such cases the head ought to be shaved, and an equal degree of pressure ought to be laid over the whole of it, when

the injured part is easily discovered from the rest by its being more painful. When compression of the brain arises from extravasation of fluids, as blood, serum or pus, in consequence of inflammation, occasioned by fracture of the bones, the seat of it is difficult to determine; particularly when no depression takes place, or when no external wound is seen in the integuments.

Q. 328. How is Compression distinguished from Concussion of the Brain?

A. The symptoms attending compression of the brain, occur also in concussion, but, in a compressed state of the brain, they are more permanent. There is also an apoplectic stertor in the breathing, which is always wanting in patients labouring under concussion; for they seem in a sound natural sleep. The pulse is also soft and equal in concussion, and not irregular and slow, as in cases of compression. When, upon extracting a small quantity of blood, the pulse is found to sink considerably, there is reason to suppose it depends upon concussion. When,
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on the contrary, the pulse grows stronger and fuller, there are good grounds for suspecting that the affection depends upon compression.

Q. 329. *How is Compression of the Brain, arising from a Depression of the Bones of the Cranium, to be treated?*

A. The wound is first to be enlarged, to ascertain the existence of the fracture. Its situation and extent is then to be attended to. When several detached pieces of the cranium press upon the brain, they are to be removed by a forceps. But when a portion of the cranium presses upon the brain, and is not detached from the other bones of the cranium, and is so situated, that it can neither be removed, nor raised into the same level with the rest of the bones, without a considerable risk of injuring the brain very materially, an instrument, named *trepan*, has been generally employed to make a perforation, at the points preventing the bone from being raised, so as to admit

admit of an instrument for elevating the depressed portion of the bone. Such perforations are, however, attended with more danger in some parts of the cranium than in others. A complete knowledge, therefore, of the anatomy of the head, is absolutely necessary. The most dangerous parts are the frontal sinuses and the back part of the occipital bone. As soon as this operation is determined to be performed, a small portion of the pericranium may be removed by a scalpel, just equal to the modiolus of the trepan. A small hole is then to be made with a perforator, to admit of the centre pin of the trepan, which ought to be of a cylindrical form. A portion of the depressed piece may be included within the circular division, made by the trepan. The weight of the instrument, during the operation, is to be laid on the contiguous sound bone. Several turns being now performed by the saw, the centre pin is to be removed. The surgeon may use either a trepan or trephine; but the former executes the operation much quicker, and answers equally well, by moving it slowly and cau-

cautiously, when he has nearly penetrated through the bone; or the surgeon may begin the operation by the trepan, and finish it by the trephine. The trepan ought to be frequently removed, to examine what depth it has penetrated. Every time it is removed, it is to be rubbed with a small brush, made for the purpose. As soon as the surgeon has come to the diploe, he is to secure any hemorrhagy of consequence, that may occur (Q. 238.). When the bone is nearly divided through, if one portion of the bone is completely divided, and the rest still uncut, the pressure of the instrument is to be entirely applied to the undivided portions. As soon as the bone is found loose, it is to be removed by a small forceps, made for that purpose. The depressed portion of the bone is now to be raised, by an instrument termed a *levator*, introduced at the opening made by the trepan, under the depressed portion of the bone. If, after applying a considerable degree of force, the bone cannot still be raised, and if it seems to be wedged in by some other process of bone, the trepan is to be applied again at that

that part. The depressed piece being now raised, and any extraneous body that may happen to have been pushed in upon the dura mater, extracted, the clotted blood, or serum being also removed, the wound is to be dressed with a little lint, spread over with some simple ointment, and the patient is to be laid in bed in the easiest manner. Inflammation of the brain is now particularly to be guarded against, by a strict antiphlogistic regimen. The matter formed on the surface of the wound is to be removed cautiously, by a sponge. By degrees, new granulations form on the surface of the dura mater, and sometimes extend beyond it, and form tumours; which may be easily removed, by ligature, or they may be touched by lunar caustic.

Q. 330. *In Cases of Compression of the Brain, from Extravasation of Fluids, when the Seat of the Injury cannot be ascertained, ought the Trepan to be applied?*

A. An ambiguous remedy is always preferable to leaving the patient to certain death. The prognosis as to its success, should,

should, therefore, be always guarded. When an operation is to be attempted, the first perforation ought to be made in the most inferior point of the cranium, in which an operation can be, with propriety, attempted. If any fluid is discharged by the opening, another perforation ought to be made. If the collection happens to be between the dura and pia mater, a small hole may be cautiously scratched in the dura mater.

Q. 331. *What are the Symptoms that prognosticate Success, from the Operation of the Trepan?*

A. When, upon the removal of the compression, an immediate advantage seems to be derived, by the patient becoming less stupid, and his breathing less oppressed, and when the pupils begin to contract upon being exposed to a strong light, a deal of success may be expected from the operation; and even although these favourable symptoms do not immediately occur upon the compression being removed, still the success may be complete.

Q. 332.

Q. 332. Ought the Trepan to be applied in every simple Fissure of the Cranium?

A. When a simple fissure is not attended with the symptoms of compression, the trepan should never be applied, as the application of it, by the most cautious operator, cannot fail to injure the dura mater materially. A simple fissure may extend through one table of the skull only. In such cases the application of the trepan does a great deal of harm, by admitting the external air upon the surface of the dura mater. Should any extravasation take place, from a laceration of vessels, in simple fissures, the compression induced by such is indicated by the symptoms (Q. 328.), attending compression. In such cases the trepan is to be applied; but in simple fissures, not attended with such symptoms, the antiphlogistic regimen alone is sufficient.

Q. 333. How is Concussion of the Brain to be treated?

A. As the causes seem to act by producing a derangement of the organization of the

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the brain, consequently a diminution of its natural powers, stimulants have therefore been used with greater success in cases of concussion, than any other remedies; particularly wine, cordials, nourishing diet, and external stimuli to the surface of the body, as blisters and rubefacients.

Q. 334. *What Prognosis should be given of Affections of the Brain in general, produced by external Violence?*

A. From the delicacy of the organization of the brain, from its situation, from its being often affected, when no mark of external violence is observed, from the difficulty of removing affections of the brain, although the seat of the injury was ascertained, and from the most violent symptoms not always occurring from the largest fracture, but from several circumstances, perhaps unknown, the prognosis in affections of the brain from external violence ought always to be guarded.

VAR. B. FRACTURA COMPLICATA
OSSIIUM EXTREMITATUM.

Syn. COMPOUND FRACTURE OF THE EXTRE-
MITIES.

Q. 335. *How are Compound Fractures of the Bones of the Extremities to be treated?*

A. The hemorrhagy attending such fractures is to be obviated, as already recommended (Q. 238.). But when the vessel, from which the hemorrhagy proceeds, is situated so deep that it cannot be brought into view, or secured without making extensive incisions into the substance of the limb; or when the ends of the bones are much shattered, and detached from one another, so that there is an impossibility of their uniting again, immediate amputation is adviseable. But when the hemorrhagy can be easily secured, the fractured ends of the bones are to be placed as exactly into their natural situation as possible, by relaxing the muscles, and by using a small degree of
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of extension, if the fractured ends happen to overlope one another. The high degree of inflammation that generally succeeds, is now to be guarded against, as much as possible, by preventing the accession of the external air into the wound, and by a strict antiphlogistic regimen. But when, notwithstanding every precaution, the inflammatory symptoms run so high, as either to occasion extensive mortification, or to endanger the patient's sinking under the discharge, amputation is to be performed, as soon as the inflammation is diminished, as amputation can only be at this period of the affection used with propriety; for the hemorrhagy in the extremities can be for some time stopped, by means of the tourniquet, and the detached portions may have some chance of uniting. Mortification never takes place after the accident, and the discharge from the wound is never considerable, until the first inflammation is over. Therefore amputation should never be performed immediately after the accident; as it is ascertained, as a fact, that a greater proportion have died, of those on whom the

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operation

operation was early performed, than of those where it was delayed until the first inflammation was over. All that is, therefore, requisite, in the first stage of the affection, is, to alleviate the inflammatory symptoms as much as possible. The limb is to be placed, in such a situation as to allow it to be dressed without moving it. Any portion of bone, protruding through the wound, is to be removed, and the wound itself is to be treated, as recommended already (Q. 305.), for lacerated wounds.

GEN. XXIV. *INCRUENTA.*

FRACTURA SIMPLEX.

Syn. SIMPLE FRACTURE.

Q. 336. *What is a simple Fracture?*

A. It is a loss of continuity in the substance of the bone, not attended with any wound in the corresponding integuments.

Q. 337.

Q. 337. *What are the Diagnostic Symptoms of simple Fracture?*

A. By the tumefaction, occasioned by the alteration of the shape of the limb; by the loss of function, and the acute pain generally occasioned by the fractured ends of the bone lacerating the contiguous soft parts, a diagnosis may be easily formed. The pain is sometimes so intense, as to occasion convulsions, and even death, before actual gangrene has taken place. The grating noise of the bones may be also observed. By attending also to the degree of violence, the situation of the wound, when the injury is inflicted, and the habit of body of the patient, the diagnosis may be confirmed; for it is evident, that the bones are rendered more brittle by disease, such as the lues venerea, and sea-scurvy. Bones are also more brittle in elderly persons, and are more easily broken in their middle, it being the hardest and most unyielding part. Bones are also more easily fractured, when laid on uneven surfaces, at the time the injury is inflicted.

Q. 338. *What Prognosis should be given of simple Fracture?*

A. When the fracture occurs in the state of youth, in a sound healthy constitution; when the small bones of the extremities are only affected; when the fractured ends can be easily kept in contact; or when the fracture happens in the middle of the long bones, the prognosis may in general be favourable. But when a fracture is attended with lues or scurvy; when the patient is of an old, infirm constitution; when any of the large bones, as that of the humerus, are fractured near their extremities, so that the retention of them becomes difficult: when exfoliation takes place, and when the injury done to the soft parts has been considerable, so as to occasion high degrees of inflammation, the prognosis should be always guarded.

Q. 339. *How are simple Fractures to be treated?*

A. The bones are to be placed as nearly as possible in their natural situation, as
recom-

recommended for compound fracture (Q. 335.). The inflammatory symptoms are to be obviated by a strict antiphlogistic regimen, to prevent the formation of deep-seated abscesses, which are generally the consequence of inflammation, produced by contusion attending simple fractures.

Q. 340. On what does the want of Success in the Cure of simple Fractures depend?

A. The want of success generally arises from the extremities of the fractured bones not being properly applied together; or owing to their not being retained with exactness, after they had been once replaced. The want of success also arises from a superabundance of callus growing so luxuriantly that nothing is found to prevent it. In such a case, pressure with a plate of lead has been recommended, together with ardent spirits to be rubbed upon the part. Constitutional diseases also retard the cure of fracture. Sometimes the fractured ends of the bone become so smooth by their rubbing

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rubbing against one another, as to prevent them from uniting. In such cases an incision is to be made upon the fractured part, and a small portion of the callus and smooth edges are to be removed from the ends of the bone. When detached portions of the bone are deprived of the circulation necessary for the formation of callus, and when their union with the rest of the bone cannot be effected, they are to be removed, as they act as extraneous bodies. When a portion of muscle, or any other soft part, intervenes between the fractured ends of the bone, it occasions the most excruciating pains, upon the least motion of the limb, and is always highly unfavourable to the cure. In such a case, when the part cannot be disengaged from between the ends of the bones, after placing the limb in various positions, an incision is to be made over the fractured parts, which are to be then disengaged. When collections of blood are formed between the muscles, by the sharp spiculæ of bones wounding some of the blood-vessels, they are to be removed, and the vessels, from whence they proceed,
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are to be laid hold of, and secured, as already recommended.

FRACTURA OSSIIUM NASI.

Syn. FRACTURE OF THE BONES OF THE
NOSE.

Q. 341. *How are Fractures of the Bones of the Nose to be treated?*

A. Fractures of these bones are found to destroy the sense of smelling altogether, and lay the foundation of troublesome ulcers. The bones of the nose, when fractured, are to be laid as exactly in their natural situation as possible, in the same manner, as recommended for dislocation of the bones of the nose (Q. 171.). The inflammatory symptoms are to be particularly guarded against, as they often occasion exfoliations of the bones of the nose, and lay the foundation for polypi (Q. 217.).

FRACTURA OSSIUM FACIEI.

Syn. FRACTURES OF THE BONES OF THE
FACE.

Q. 342. *What are the Diagnostic Symptoms of Fractures of the Face?*

A. Fractures of the bones of the face are generally attended with deformity, owing to the bones being pushed into the antrum maxillare. Fractures of the lower jaw are also distinguished, by the degree of deformity they occasion, and from the pain and inequality felt,

Q. 343. *How are Fractures of the lower Jaw and Face to be treated?*

A. The bones are to be replaced, as exactly as possible, into their natural situation. The surgeon is to introduce the fingers of one hand on the inside of the jaw, while he directs with the other the fractured ends on the outside of the jaw. As soon as the bones are properly placed, they are to be

be supported by proper splints and a bandage. The patient is to avoid moving the jaw, for some time. In fractures of both jaws, the same mode of treatment is equally applicable. When any of the bones of the face are depressed into the antrum maxillare, they are to be elevated, by a proper forceps, and kept in a level with the rest of the bones of the face, by adhesive plaisters.

FRACTURA OSSIUM THORACIS.

Syn. FRACTURES OF THE BONES OF THE
THORAX.

Q. 344. *What are the Diagnostic Symptoms of Fractures of the Clavicle, Ribs, and Sternum?*

A. In fractures of the clavicle, one end of the fractured bone seems to be more depressed than the other, owing to the weight of the arm drawing the fractured end of the bone along with it. Fractures of the ribs are distinguished, by the inequality felt

felt by the fingers. They are often so slight as not to be attended to; at other times they produce alarming symptoms, as spitting of blood (Q. 240.), and extravasation of air into the cellular substance (Q. 41.). Fractures of the Sternum are attended with symptoms similar to those of the ribs; as cough, and oppression of breathing. Very often a fracture of this bone takes place without the fractured ends changing their situation.

Q. 345. How are Fractures of the Clavicle, Ribs, and Sternum, to be treated?

A. In fractures of the clavicle, merely raising the arm, and keeping it for some time at a proper height, fully answers all that is necessary. This is to be executed by a sling hung round the neck. In fractures of the ribs, all that can be done, is, to surround the body by a wide roller, to prevent any inequality that may arise from the fractured ends of the rib. When the Sternum is fractured, and produces alarming symptoms (Q. 344.), an incision is to
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be made over the part suspected to have been fractured, and the depressed portion is to be raised by means of a levator, as in the operation with the trepan (Q. 329.).

FRACTURA OSSIIUM SPINÆ.

Syn. FRACTURES OF THE VERTEBRÆ.

Q. 346. *What are the Diagnostic Symptoms of Fractures of the Spine?*

A. Fractures of the spine are distinguished, by the loss of motion in the lower extremities. From the injury done to the spinal marrow, there is also a degree of paralysis produced. When the os sacrum is fractured, the symptoms occur, as in fractures of the rest of the spine.

Q. 347. *How are Fractures of the Spine and Ossa Innominata to be treated?*

A. When a depressed portion of a vertebra presses upon the spinal marrow, and is the occasion of all the alarming symptoms (Q. 346.), it is to be elevated by making a perfo-

perforation with the trepan, as in fractures of the cranium (Q. 329.). When the os sacrum is fractured near its extremity, the surgeon, after introducing his finger into the anus, is to push the bone into its natural place. In fractures of the ossa innominata the same mode of treatment, as recommended for fracture in general, is to be adopted; by keeping the patient in an easy unconstrained posture, and by the application of a proper bandage, according to the situation of the fracture, and the judgment of the surgeon.

FRACTURA SCAPULÆ.

FRACTURE OF THE SCAPULA.

Q. 348. *How are Fractures of the Scapula to be treated?*

A. The fractured portions of the bone are to be brought as nearly into contact as possible, and then retained, by a long roller, during the cure. The arm is to be suspended at the same time as much as possible, in order to relax the contiguous muscles.

FRAC-

FRACTURA OSSIS HUMERI. I

Syn. FRACTURES OF THE SHOULDER BONE.

Q. 349. *How are Fractures of the Os Humerus to be treated?*

A. After relaxing the whole of the muscles, as much as possible, if the fracture is distinguished to be of an oblique direction, so that one of the fractured bones overlaps the other, a moderate degree of extension is to be used, so as to bring the fractured ends, as nearly as possible, into their natural situation; when they are to be retained, by means of a long roller, and by splints, and the arm is allowed to hang. But when the fracture happens to occur in a transverse direction, the arm is not to be allowed to hang, as it prevents the fractured ends from coming into contact. In such cases, therefore, it is to be suspended by a proper bandage, or sling, hung about the neck. An antiphlogistic regimen is in every case necessary, to prevent inflammation.

FRAC-

FRACTURA OSSIIUM ULNÆ, RADII,
CARPI ET DIGITORUM.

Syn. FRACTURE OF THE ULNA, RADIUS, CARPI,
AND FINGERS.

Q. 350. *How are Fractures of the Bones of the Fore-Arm to be treated?*

A. As soon as the surgeon has replaced the bones, as already recommended (Q. 335.), splints are to be applied, in such a manner as not to impede the circulation in the fore-arm; observing always, that the radius be uppermost when the splints are applied. The arm then is to be supported, in the same way as recommended for fractures of the humerus (Q. 349.). But in fractures of the olecranon only, the arm is to be kept for some time in a distended state, with splints laid along the course of the olecranon, and secured by a proper bandage, which is to be loosed once a week, to prevent any contraction, or stiffness of the joint; which should be from time to time rubbed with some mild ointment.

When

When the bones of the carpus happen to be fractured, little can be done for the retention of them. An antiphlogistic regimen is to be enjoined, and a small splint of pasteboard applied according to the situation of the fractured bone. When any of the bones of the fingers happen to be fractured, splints of pasteboard are to be used. They are to be applied when wet, so as to assume the form of the finger more readily. These splints may be afterwards secured by a narrow roller, which should be loosed from time to time, to prevent a stiffness or contraction of the joint.

FRACTURA OSSIS FEMORIS.

Syn. FRACTURE OF THE THIGH BONE.

Q. 351. *How are Fractures of the Os Femoris to be treated?*

A. By relaxing the muscles as already recommended (Q. 335.), either by the hand or by instruments; and, as soon as the fractured ends of the bone are brought as nearly into contact as possible, retaining them in that state, by proper bandage, and two splints

splints of pasteboard. One of these should extend from the top of the thigh to a few inches below the knee; the other should extend from the spinous process of the os ilii to a little below the knee also. Both of these splints are to be covered with flannel, and the limb is then to be laid on a pillow, fixed with straps to the bed. An eighteen-tailed bandage being laid over this pillow, the leg is to be laid over the bandage. The first of the splints is then to be laid on the outside of the thigh, and the other of them is to be applied on the inside; both of which are now to be secured by the bandage with such a degree of tightness, as not to obstruct the circulation in the part. The leg, being now secured by the bandage, is to be fixed by straps to the pillow, to prevent any convulsive startings from taking place during the cure. When the fracture happens to be in an oblique direction, the retention becomes more difficult. Several machines have been invented to effect a retention by Dr. AITKEN and others.

Q. 352. *From whence arises the want of success in the Cure of Fractures of the Thigh?*

A. From the difficulty of discovering, with exactness, the direction and extent of the fracture, and from the quantity of muscles covering that bone. A fracture of the neck of this bone being mistaken for a dislocation of it (Q. 184.), often prevents the cure. The want of success also arises from the difficulty of knowing precisely when the ends of the fractured bones are exactly in contact, from the difficulty of retaining them in that situation, and from the extraordinary strength of the muscles of those parts, which contract upon the least change of posture of the body.

FRACTURA OSSIS PATELLÆ.

Syn. FRACTURE OF THE PATELLA.

Q. 353. *How are Fractures of the Patella to be treated?*

A. In no case of fracture is it more necessary
U

cessary to relax the whole of the muscles, and to obviate the inflammatory symptoms, than in those of the patella. They generally occur in a transverse direction; the leg is to be kept, therefore, for some time, in an extended posture; two cushions are to be applied, one above and the other below the fracture. They are then to be surrounded, together with the leg, by two circular straps, with two transverse straps fixed to them, which being tightened, make both compresses approach one another. The bone is now to be kept in this situation for a fortnight, unless the pain or inflammation renders it necessary to remove them earlier.

FRACTURA OSSIIUM TIBIÆ, FIBULÆ, TARSI, ET DIGITORUM PEDIS.

Syn. FRACTURES OF THE BONES OF THE LEG
AND FOOT.

Q. 354. *How are Fractures of the Bones of the Leg and Foot to be treated?*

A. In the same manner as recommended
for

for fracture in general, by applying splints of pasteboard, and an eighteen-tailed bandage (Q. 351.), laying the leg on its side, with the knee a little bent. Fractures of the bones of the tarsus and toes, are to be treated in the same manner as recommended for those of the fingers (Q. 350.).

CONTUSIO*.

Syn. CONTUSION, AND SPRAIN.

Q. 355. *How are Contusions and Sprains to be treated?*

A. The swelling of the part is to be obviated, by an antiphlogistic regimen, particularly by topical bleeding, by leeches. When the pain is excessive, opiates are found to be of service. Astringent solutions are applied sometimes to the part with advantage.

* Contusio, Sagarus, Sauvagesius, Vogelius.

RUPTURA*.

Syn. RUPTURED TENDON.

Q. 356. *How is a Ruptured Tendon to be treated?*

A. By relaxing the muscles of the part, as much as possible, and bringing the ruptured ends of the tendons as nearly into contact as possible, and endeavouring afterwards to keep them in that situation, until an accretion of the ruptured ends take place.

* Ruptura, *Sauvagesius*, *Linnaeus*.

GEN. XXV. *CUTANEUS.*

EXCORIATIO*.

Syn. EXCORIATION OF THE SKIN.

Q. 357. *How is Excoriation of the Skin to be treated?*

A. By removing the irritating cause as much as possible, and covering the part with some liniment of wax and oil. When the pain attending it is excessive, emollient poultices are adviseable.

RHAGAS†.

Syn. CHOPPED NIPPLE.

Q. 358. *How are Chopped Nipples to be treated?*

A. When the Nipples are much chopped,

* Excoriatio, *Sagarus.* Excoriatura, *Linnaeus, Sauvagesius.*

† Rhagas, *Sauvagesius, Vogelius, Linnaeus, Sagarus.*

the child should not be allowed to suck them. An astringent solution of port wine and water is generally recommended to wash them with frequently; after which they are to be covered by a small pledget of Goulard's cerate, which should be, however, cautiously rubbed away again, before the child be allowed to suck. Small cups of glass are also used to prevent the clothes from rubbing upon the nipples during the cure. Their tops are perforated with a number of holes, to allow the milk to escape as soon as it is secreted.

GEN. XXVI. *ESCHARA*.*

Syn. ESCHAR.

COMBUSTURA†.

Syn. BURNING.

Q. 359. *How are Burns to be treated?*

A. The mode of treatment in burns must

* Eschara, *Sauvagesius*.

† Combustura, *Linnaeus*, *Encauris*, *Vogelius*. Ambustio, *Sagarus*, *Blancardus*.

depend

depend upon the extent of the injury, and the occasional causes. The pain is to be obviated as much as possible, by plunging the patient into water of the same temperature with the body, or into brandy, astringent solutions of oak bark, and saccharum saturni. Opiates are also successfully used, to relieve the pain. As soon as vesicles are formed, the liquor is to be allowed to escape, by a small puncture, to prevent the accession of the air as much as possible; but these punctures are never to be made, until the inflammation has completely subsided. When there is a loss of substance, as is often the case when the burn is occasioned by hot metallic bodies, a liniment of equal parts of linseed oil and lime-water is found to give ease. In some cases, the pain has been also relieved, by exposing the part for a short time to the action of the air. Gangrene is to be anxiously guarded against, by all the remedies recommended (Q. 7.) for the cure of inflammation. The cure of the wound, occasioned by burning, is always accelerated by covering it with soft lint, spread

over with saturnine cerate. When particles of gunpowder happen to be pushed into the cutis vera, they are to be picked out by a needle, and the small openings occasioned by them are to be covered with simple ointment, to exclude the air from them.

SPHACELUS.

Syn. SLOUGH.

Q. 360. *What is a Sphacelus?*

A. It is a complete mortification of the fluids and solids of a part, proceeding from high degrees of inflammation, whereby they lose their natural colour, and become black, soft, and of a putrid cadaverous smell (Q. 2. and 11.).

Q. 361. *How is Sphacelus to be treated?*

A. The remedies already recommended for gangrene (Q. 11.) are equally applicable here. But when a Sphacelus extends to the bone, in any of the extremities, so that the
muscular

muscular parts all round it come to be completely destroyed, amputation is adviseable; but this is never to be attempted until a sphacelus or slough begins to separate, when there is a limit put to the progress of the inflammation.

Q. 362. *How is Sphacelus of the Glans Penis to be treated?*

A. The diseased parts are to be removed. A circular incision is first to be made through the skin, which is then to be drawn back by the assistant. The parts are now to be removed by one stroke of the knife. The bleeding arteries, which are seldom less than six branches, are to be immediately secured. A canula of silver is to be also introduced into the urethra, and to be secured by a proper bandage, which should be tightened so as to compress a little the bleeding vessels. The tube is to be allowed to remain in the urethra during the cure. This operation answers, also, when the glans is in a scirrhus state.

GEN. XXVII. *NATURALIS.*

LAGOCHEILOS.

Syn. HARE-LIP.Q. 363. *What is a Lagocheilos?*

A. It is a division of the upper-lip, commonly termed HARE-LIP. Sometimes there are two fissures, which, in some measure, prevent sucking or speaking, and are attended with a want of power to retain the saliva. The division, also, in some cases, is found to extend through the bones of the palate.

Q. 364. *How is Hare-Lip to be cured?*

A. By reducing the edges of the fissure to the state of a simple incised wound (Q. 295.), by removing a portion of its edges, providing the loss of substance be not so great as to prevent them from coming afterwards into contact.

Q. 365. *How is the Operation for Hare-Lip performed?*

A. After the patient is put into a proper posture,

posture, the surgeon is to divide the frænum connecting the lip and gums together. Then he is to lay hold of one side of the fissure by a pair of common crooked scissars, when he is to remove a small portion of its edges: he is then to make a similar cut on the other edge of the fissure, so that the piece cut out may resemble the letter V. As soon as this is completed, the edges of the fissure are to be brought into contact, and kept in that state by the twisted future, (Q. 298.). If two fissures happen to take place at the same time, the one is to be cured before the other. Any tooth projecting, and becoming unfavourable for the healing of the fissure, is to be removed. When the retraction is considerable, from a great loss of substance, pieces of leather, spread over with some adhesive substance, are to be applied to the cheeks, furnished with a number of ligatures, which are to be tied between the pins. When the bones of the palate separate, pieces of sponge have been recommended to be plugged into the fissure.

HYPOSPADIÆOS.

Syn. NATURAL DIVISION OF THE
URETHRA.

Q. 366. *What is an Hyposphadiæos?*

A. It is a natural opening of the urethra, not at the extremity of the glans, but behind it, and below the frænum, through which the urine passes.

Q. 367. *How is Hyposphadiæos to be cured?*

A. By rendering the callous edges of the orifice, through which the urine passes, raw, by removing a small portion of its edges. If the glans is imperforated, an opening is to be made from the point of the glans, by means of a trocar, drilled into the urethra. This perforation is to be carefully kept for some time open, by a canula, until a cure is completed.

ORD. II. OBSTRUCTIO.

GEN. XXVIII. CONSTRICTURA.

SUFFOCATIO.

Syn. SUFFOCATION.

Q. 368. *What are the Causes inducing Suffocation?*

A. Spasmodic contraction of the trachea, induced by irritating substances, such as mechanical pressure from a piece of bone or flesh sticking in the top of the œsophagus; from polypi hanging in the pharynx (Q. 212); or from enlargement of the amygdalæ (Q. 224.).

Q. 369. *How is Suffocation to be treated?*

A. When suffocation arises from irritating substances, producing spasmodic contraction of the parts about the trachea or œsophagus, opiates are found to be attended with the best effects. When a piece of bone is fixed in the top of the œsophagus, it is to be removed by a small forceps,

forceps, invented for that purpose. When it is owing to polypi, the method of treatment recommended for the removal of polypi (Q. 216.) is equally applicable here. When suffocation is threatened from enlargement of the tonsils, the method of treatment recommended for their removal is also necessary (Q. 225.). When, however, suffocation comes on of a sudden, so as to threaten immediate death, and when it does not seem to yield to any remedy, the trachea arteria is to be opened, and respiration is to be allowed to go on through the wound. This operation has been termed *Bronchotomy*.

Q. 370. *How is the Operation of Bronchotomy to be performed?*

A. The patient being properly secured, a longitudinal incision is to be made, an inch and a half long, on the anterior part of the trachea, beginning at the inferior part of the thyroid cartilage. The sterno-hyoid and theroid muscles are then to be separated. The thyroid gland is to be avoided as much as possible, on account of its being copiously

copiously supplied with considerable blood-vessels. As soon as the trachea is laid bare, all the blood-vessels are to be secured in the manner already recommended (Q. 238.). Then, with a common lancet, an incision is to be made between two rings of the trachea, of such a length as to admit of a double canula, one within the other, to be introduced, of a sufficient size for allowing respiration to go on freely. When mucus seems to obstruct the canula, it can be removed from time to time, and cleared of it. These canulæ are to be secured by a proper bandage, to which they are fixed, and allowed to move according to the motions of the trachea. As soon as the causes inducing suffocation are removed, the wound is to be treated as already recommended (Q. 309.).

VAR. A. SUFFOCATIO SUB AQUA.

Syn. DROWNING.

Q. 371. *How are Persons apparently Drowned to be treated?*

A. As soon as the body is taken out of the water, it should be covered by some warm substance, as by the warm bath. Blowing air into the lungs is next to be attempted; so as to imitate respiration as much as possible, by a conical tube put into the nostrils, applying, at the same time, a piece of leather, or wet paper, over the mouth. Next the stomach and intestines are to be roused into action by warm liquors, such as wine passed into the stomach, by a tube in the form of a male catheter. Injections are generally used to rouse the motion of the intestines: they may be thrown in by means of syringes. Other stimuli are also to be applied to the body. Externally, friction is particularly recommended.

AGLUTITIO.

Syn. DIFFICULTY OF SWALLOWING.

Q. 372. *From whence arises the difficulty of Swallowing?*

A. From spasmodic contractions of the œsophagus, arising from irritating substances sticking in the trachea, and sometimes occurring from no evident cause. Difficulty of swallowing may also arise from the same mechanical causes with those inducing suffocation (Q. 368.).

Q. 373. *How is Aglutitio to be treated?*

A. When Aglutitio arises from spasmodic affections of the œsophagus, the same remedies, recommended for spasmodic affections of the trachea, are equally applicable here. But when the affection arises from sharp pointed bodies sticking in the œsophagus, a cure can only be expected by a removal of them. When this cannot be done by the exertion of vomiting, and when they lie so far back in the œsophagus,

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that

that they cannot be extracted, so that the patient is in danger of suffering from want of nourishment being thrown into the system, an opening is to be made into the œsophagus. This operation has been termed *Oesophagotomy*.

Q. 374. *How is the Operation for Œsophagotomy performed?*

A. This operation can never be attempted, but in cases of the utmost danger, as it is attended with a great deal of hazard, from the deepness of the œsophagus, and from its being surrounded with a considerable number of great blood vessels. It is executed by making an incision, as recommended for bronchotomy (Q. 370.), until the trachea is brought in view; an assistant is then to pull this gradually aside, by means of a hook, while another assistant, with a hook, pulls the muscles on the opposite side. If any considerable vessel springs, it is immediately to be secured. The œsophagus is then to be opened, and whatever substance is found fixed in the passage, is to be removed. The after treatment of
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the wound requires the greatest attention. The patient should live for some time on fluid food, and nourishing injections of broth by the anus. The head is to be kept in a steady position during the cure.

DYSECŒA*.

Syn. DEAFNESS.

Q. 375. *What is a Dysecœa?*

A. It is a complete deafness, or a total want of hearing, occasioned by obstruction of the Eustachian tube†, from pressure of tumours‡, such as polypi§, or enlargement of the amygdalæ||. Extraneous bodies fixed in the meatus auditorius externus, particularly polypi, preternatural secretions of wax, a small skin covering the

* Dysecœa, *Sagarus, Linneus, Sauvagesius, Vogelius.*

† Dysecœa a tuba obstructa, *Morgagnius.* Cophosis a tuba, *Haller.*

‡ Dysecœa a tumore palati tubas obstruente, *Tulpius.*

§ A polypo tubæ, *Valsalva.*

|| Dysecœa ab angina tubis obstructis, *Boerhaave.* Dysecœa a Catarrho, *Haller.*

meatus externus, and mal-conformation of the external ear, are also found to be causes of deafness.

Q. 376. *How is Deafness to be treated?*

A. When the affection arises from the pressure of tumours upon the Eustachian tube, they are to be removed, as recommended (Q. 219.), by ligature. When deafness arises from extraneous bodies being pushed into the meatus, if they happen to be of a round nature, they may be turned out by a probe, after dropping some oil into the ear, which effectually removes insects, should they happen to creep into it. When any substance is introduced, that swells by moisture, as a pea, they are to be broken by means of a small forceps, and extracted piece-meal. Excrescences of the meatus auditorius are to be removed, as already recommended for polypi (Q. 219.) in the ear. When deafness is occasioned by extraordinary secretions of wax, acquiring a solid consistence, the wax is to be softened, and washed out by injections of warm water. When deafness arises from
a thin

a thin membrane covering the external meatus, it is easily divided. When deafness arises from a mal-conformation of the external ear, different instruments are recommended to collect sound.

ISCHURIA*.

Syn. STOPPAGE OF URINE.

Q. 377. *What is Ischuria?*

A. It is a suppression of urine, complete or partial, either attended with or without pain, and arising from a variety of causes.

Q. 378. *What are the causes of Ischuria?*

A. Ischuria may arise from inflammation of the neck of the bladder, produced by the irritation of calculi†, from spasmodic stricture of the prostate gland, and neck of the bladder§; from scirrhusities of the

* Ischuria, *Sauvagesius*, *Sagarus*, *Linnaeus*, *Vogelius*, *Cullenus*.

† Ischuria Cystolithica, *Tulpius*.

§ Ischuria Cystospastica, *Mercatorius*.

prostate gland; from obstructions of the urethra; from caruncles*; from adhesions of the sides of the urethra, by inflammation, or cicatrices of old sores; from the mechanical pressure of the uterus, in the last months of pregnancy†, from tumours in the perineum‡ vagina, as polypi, prolapsed uterus, or enlargement of the corpus spongiosum of the penis itself, pressing the sides of the urethra together§. Ischuria may also arise from a loss of tone in the body of the bladder, so as to render it incapable of contracting itself||, and from stones impacted in the urethra¶.

Q. 379. *How is Suppression of Urine to be treated?*

A. When the affection arises from an

* Ischuria Carunculosa, *Lusitan.*

† Ischuria Urethritica, *Hildanus.* Ischuria a Gravidō, *Nordman.*

‡ Ischuria Perinealis, *Galenus.*

§ Ischuria Tumoribus distenta, *Gaubius.*

|| Ischuria cystoplegica, *Linnaeus.*

¶ Ischuria Urethrolithica, *Schneid.*

inflam-

inflammatory state of the neck of the bladder, the antiphlogistic regimen becomes necessary. Blood is to be discharged freely. Opiates and injections of warm water are to be thrown up into the rectum, and the patient is to be plunged afterwards into the warm bath; particularly when the pain from the inflammation is so considerable, as to produce spasmodic constriction of the neck of the bladder. When the affection arises from scirrhusities of the prostate gland, the methods already recommended (Q. 200.), can only be attempted. When suppression of urine arises from inflammation of the urethra, an attempt should be made either to discuss it immediately, or bring it into a state of suppuration, and the pus discharged as soon as formed. Bougies should at the same time be used which act entirely mechanically. After they are rubbed over with some oil, they are to be introduced into the urethra to prevent adhesions of it from taking place, and removing the stricture previously occasioned by the inflammation. They are to be introduced into the urethra, until a resistance is met with. When caruncles are

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formed,

formed, they are also of service. When an introduction of them cannot be effected to a sufficient length, one with a smaller point is to be used, a day, at least, after the introduction of the first has failed. They are not to be allowed to remain long at first, particularly when they are attended with much pain. They are to be kept in the urethra by means of a tape, surrounding the body, to prevent their slipping into the bladder. When ischuria arises from the pressure of the uterus, in the latter stages of pregnancy, change of posture may have some effect; when from polypi, it is to be treated as recommended (Q. 218.) already for polypi of the uterus; and when from prolapsus of the uterus, it is to be treated (Q. 155.) by reducing it. When from a want of tone in the body of the bladder itself, the urine is to be removed from time to time by the catheter, until such remedies are applied as will recover the tone of the system.

Q. 380. *How is the Urine extracted by the Catheter?*

A. The patient is to be laid in a proper posture, with the thighs and shoulders a little elevated, so as to relax the muscles of the abdomen. The surgeon is to stand on the left side of the patient, with a catheter of a proper size and curvature, brought to the temperature of heat of the human body, and besmeared all over with bland oil. He then lays hold of the penis with his left hand, while, with his right, he introduces the catheter, with its concave side towards the abdomen. He is now, with his left hand, to draw the penis gently forward on the catheter, until it easily passes into the bladder. If any difficulty occurs about the prostate gland, the finger has been advised to be introduced into the anus, so as to elevate the point of the catheter; the handle of the instrument being, however, depressed, answers better. As soon as the catheter has got within the bladder, the urine is to be allowed to run off,

off, and then the instrument is to be removed.

Q. 381. *When, from several circumstances, the introduction of the Catheter cannot be effected, how is the Case to be treated?*

A. When alarming symptoms are produced, from retention of the urine alone, the introduction of the catheter failing, an opening is to be made into the bladder. It may be punctured above the ossa pubis, when the bladder is in a very distended state. A trocar, of about an inch and a half long, may be, at once, introduced through the integuments, about one inch and a half above the ossa pubis, into the body of the bladder. The stillette being removed, the urine is allowed to flow freely through the canula, which is to be secured to the body by means of a bandage; but there are objections to this method,---that the bladder is suspended for a long time on the canula, whereby its tone is destroyed; and that, if it happens to slip off the canula, the operation must be repeated,

peated, and the urine must be effused in the surrounding cellular substance. The bladder has also been recommended to be punctured from the perineum, by making an incision, one inch and a half long, and at some little distance from the rapha perinei. The surgeon is then to introduce a trocar into the bladder, a little distant from the prostate gland; the point of the instrument is then to be directed upwards, to avoid wounding the vasa deferentia, or the vesiculæ seminales. As soon as the urine begins to flow through a groove formed in the stillette, the stillette is to be withdrawn, and the canula allowed to remain; but it is to be removed from time to time, to prevent any concretions from forming on the end of it. The bladder has been recommended to be punctured from the rectum, but this can, in no case, be with propriety attempted. The bladder of the female has been recommended to be punctured from the vagina, where the fluctuation of the bladder can be easily felt by the finger. Wounds of the vagina do not heal readily; therefore, the trocar should

should be introduced on the outside of the nymphæ, parallel to the urethra.

Q. 382. *What are the Causes tending to the Formation of Calculi in the Bladder of Urine?*

A. Variety of causes have been assigned, such as a decomposition of a superabundant quantity of earthy matter from the blood, by means of a sedentary life. This theory is abundantly hypothetical, for it has not yet been sufficiently proved, that a superabundant quantity of earthy matter exists at one time more than at another, nor that a decomposition of it takes place by means of a sedentary life, because the most active, laborious, and industrious, are often found to be affected with calculi. Certain articles of diet, containing a greater quantity of earthy matter than others, have been given as causes of calculi. This theory is equally superficial, because it cannot be proved that the lacteals take up this earthy matter in greater quantities than usual, and, allowing them to do so, it is highly improbable that it can pass in a decomposed state from

from the blood, through the fine secreting vessels of the kidney: several other theories have been advanced, equally frivolous. The most probable cause, yet discovered, seems to be, a certain state or change of the vessels of the kidney, which form the urine, possessing properties different from any yet discovered in the blood, before it has passed through the kidneys. That a peculiar action of the kidney is capable of forming urine, predisposed to the formation of calculi, is evident, from the saccharum urini formed in cases of diabetes.

Q. 353. *What are the diagnostic Symptoms of Calculus in the Bladder of Urine?*

A. Upon the patient's using any exercise, particularly riding on horseback, a dull, uneasy sensation is felt about the neck of the bladder, with a corresponding sensation in the glans penis, which, by degrees, become more considerable, and more frequent, especially on voiding the urine, to which the patient has frequently a strong desire, but cannot void it, except in small quantities. Sometimes it comes only by drops, while

while at other times it comes in a full stream, but is suddenly stopped. The patient, upon this occurring, finds nothing relieves him so much as change of posture. The urine is sometimes limpid, but, for the most part, a quantity of mucus is discharged along with it. Sometimes it is tinged with blood, especially after riding on horseback, or after any other violent exertion, when, at the same time, small pieces of stone are often discharged along with the urine. The strongest mark of calculus is discovered, however, by an operation termed *Sound-ing*. It is executed by introducing an instrument of the hardest materials, finely polished, in the same manner as recommended for introduction of the catheter (Q. 380.). As soon as this instrument enters the bladder, if it happens to touch the stone, a tremulous motion is communicated to the fingers of the operator. A great deal of care is requisite here, because a few particles of sand will occasion a tremulous noise. When the stone is not discovered by the sound, the instrument is to be turned in various directions, and the surgeon is to intro-

introduce his finger into the anus, and to raise the undermost part of the bladder against the found. The body is always to be turned in various directions, so that a stone may be discovered easily in this manner, providing it is not contained in a cyst. After the surgeon has explored for it for some time, and has, however, failed to discover it, the instrument is to be withdrawn, and a second attempt is to be made next day.

Q. 384. *How is the Stone to be removed from the Bladder?*

A. Various lithontriptics have been recommended, with a view to dissolve the stone within the bladder, such as lime-water, caustic alkali, &c. Though these have considerable effect in dissolving the stone out of the body, yet they undergo the greatest change in the course of the circulation. To obviate this, it has been recommended to throw substances into the bladder by the urethra; but this is not attended with any manifest effect, and is found to injure the bladder materially, particu-

particularly the sphincter at the neck of the bladder. The only proper method of removing stones out of the bladder is by means of a surgical operation. Several methods have been recommended for executing this, two of which only deserve attention. The one is executed by cutting over the ossa pubis into the body of the bladder, from whence it has been called the *High Operation for Lithotomy*; and the other is executed by cutting below the pubis, beside the urethra in the perineum, from which it has been termed the *Lateral Operation for Lithotomy*. Both of them have been used for a considerable time, and experience alone has, at last, decided in favour of the latter. It is said, that the urine, by the high method of operating, passed from the wound in the bladder into the cellular substance, among the muscles and integuments of the abdomen, where it formed sinuses; and that the bowels protrude through the external wound, which is difficult of healing, from the urine rendering it callous.

Q. 385. *How is the High Operation for Lithotomy performed?*

A. In performing this operation the bladder must be always in a distended state, so as to make it rise above the ossa pubis. The patient is, therefore, to drink plentifully of mild and diluent liquors, previous to the operation, and to retain his urine as much as possible. He is then to be laid in a horizontal posture, having the head a little lower than the pelvis. The surgeon is now to make an incision on one side of the linea alba, four inches long, and down to the symphysis pubis. Both the pyramidales muscles are then to be separated; then the bladder is to be cautiously punctured, and an opening made into it large enough to admit of the finger being introduced, which is now as a directory for the knife to enlarge the opening, so as to admit of the calculi being extracted, which may be easily held of, either by the finger, or by a forceps invented for that purpose. The teguments are to be immediately brought to contact, upon the calculi being removed,

Y

moved, and are then to be retained by the twisted future (Q. 298.).

Q. 386. *How is the Lateral Operation for Lithotomy to be executed?*

A. After introducing a sound, or staff with a groove, in the same manner, and with the same precautions, as recommended for the introduction of the catheter (Q. 380.), the thighs of the patient are to be secured by assistants. The surgeon is then to place himself between the patient and the window: he is next, with one stroke of the knife, to make an incision, at least four inches long, running in the direction between the crus penis and bulb of the urethra; the transversales perinei, and levator ani muscles being divided, the surgeon is to search for the groove of the staff, which he soon discovers, through the membranous part of the urethra. He is then to cut, with a common scalpel, upon the groove of the staff, the membranous part of the urethra, so as to admit the beak of an instrument, termed a *gorget*, to be lodged in it. The surgeon is now to
take

take the handle of the staff from the assistant, and raising it a little with his left hand, while, with his right, he pushes forward the gorget, through the prostate gland into the bladder. The staff is then to be immediately removed. The stone is now to be laid hold of, if possible, when the finger is to be introduced, to discover if it is properly fixed in the forceps. The surgeon then gradually extracts it, moving the forceps in the direction of the wound. When the stone happens to be so large, that it cannot be extracted by the incision, nor even through the bones of the pelvis, it is to be broken, when the greatest attention is necessary, in order to remove all the fragments, which ought to be washed out by tepid water and milk, injected through the wound. After securing all the vessels, the patient is to be laid in a proper posture, with the body a little raised above the pelvis, to prevent any accumulation of blood from taking place in the body of the bladder, from a rupture of an artery. A piece of soft lint is to be inserted between the lips of the wound, and the

Y 2 dressings

dressings are to be removed often. Ardent spirits may be rubbed upon the parts, to prevent excoriation from taking place. The patient generally upon being laid in bed, and an opiate given him, falls asleep. But in the course of a few hours, pain and tension of the abdomen is felt, which, gradually increasing, are attended, at last, with the symptoms of pyrexia. In such cases, warm fomentations are to be applied to the region of the abdomen, and opiate injections are to be given by the anus, as the affection seems to be of a spasmodic nature.

Q. 387. What Prognosis can be given of the Lateral Operation of Lithotomy?

A. A considerable degree of danger always attends the operation. Men in their full vigour of life are in greater danger from it, than either young children, or old men whose constitutions are not broken. When ulceration has taken place in the body of the bladder itself, the chance of success is less. The danger is always increased by the inflammatory symptoms succeed-

succeeding the operation (Q. 386.); particularly when they proceed without any intermission, notwithstanding every attempt to prevent them; and when the wound looks sloughy (Q. 360.), the danger is very considerable. The time in which a complete cicatrix is formed, varies in different persons. The age and habit of body of the patient must in a great measure determine this. Sometimes a complete cicatrix is formed in the course of a month, while, at other times, it takes three months before it occurs.

Q. 388. *How is the Operation for Lithotomy performed on the Female?*

A. A grooved staff, or sound, is to be introduced into the urethra, and pushed as far forward as the bladder. The beak of the gorget is to be introduced into the groove of the staff, when it is to be carried forward into the bladder, dividing the urethra its whole course. The other steps of the operation are exactly similar to that recommended for the male.

Q. 389. *When a Stone is impacted in the Pelvis of the Kidney, ought an Operation to be attempted?*

A. As the presence of stone in the kidneys cannot be accurately ascertained, the symptoms alone not being sufficient to give an essential diagnosis, the kidney also lying so deep and covered with a considerable quantity of muscle, an operation should seldom or never be attempted. For although all these objections were removed, the kidney is so made up of considerable blood vessels, as to render an incision into it impracticable. When the kidney, however, is in a dropfical state, and very much enlarged, there may remain some probability of success from an operation. But the danger is greater than any advantage, that can be procured from it.

Q. 390. *How are Stones impacted in the Urethra to be removed?*

A. Stones passing off by the urine may stop in the urethra, and create a great deal
of

of pain; particularly when they are of an angular shape. Sometimes they burst the urethra and occasion a discharge of urine into the cellular substance. Several methods have been recommended for the removal of calculi; such as pushing them forward with the fingers; but it is plain, that every effort of this kind is attended with excruciating pain, and must aggravate the complaint, by producing a spastic constriction about the stone. After every trial of this kind has failed, and neither diluents, opiates, injections of bland oil, nor any other antispasmodics have effect, an incision is to be made directly over the stone, which is to be then turned out. The skin being drawn past its natural situation, previous to the incision, and being afterwards allowed to return again to its natural state, covers the wound in the urethra, where sometimes a cure is obtained by the first intention.

GEN. XXIX. *VERSICOLOR.*

CATARACTA*.

Q. 391. *What is a Cataract?*

A. It is an opacity of the crystalline lens, or its capsule, so as to prevent the rays of light from falling upon the retina arising from obstruction of the vessels of the lens, or from external violence.

Q. 392. *What are the Diagnostic Symptoms of Cataract?*

A. The sight at first seems weaker than usual; the patient imagines some dust has got into his eyes. This diminution of sight gradually advances, until at last the patient can scarcely distinguish different colours. A total blindness then ensues. On inspecting the lens, it is found to be of a dusky colour, or brown similar to amber. Sometimes a small white spot is observed;

* Cataracta, Cullenus, Vogelius, Linnaeus. Suffusio, Platner. Glaucoma, Sharp, Plenck. Glaucoſi, Hippocrates. Hypochyris, Galenus.

at other times it is entirely white, and sometimes of a pearl colour. The disease sometimes comes on rapidly, while at other times, its progress is slow and gradual. During the whole course of the disease, the pupils contract on the impression of light, and little pain occurs from the disease. It is easily distinguished from the gutta serena, from the pupils in that disease being never affected with light, and from no opacity being observed, through the pupil, in the lens. It is easily distinguished from hypopyon and staphyloma, from no pain occurring, as is the case in the beginning of these affections. It is not easy, however, to determine, whether the opacity subsists in the capsule, or in the lens.

Q. 393. *How is the Cataract to be cured?*

A. Mercurial preparations have been in some cases attended with the best effects, in removing the opacity, when given internally. But after they have been used for some time, and no success ensues, the cure has been attempted by surgical operation. Two methods for executing this have been

been equally strongly recommended. The first of these is to remove the lens from its capsule, so as to allow the rays of light to fall upon the retina, and then to lodge it in the bottom of the vitreous humour, where it is supposed to dissolve in course of time. This method of operating has been termed *couching*. The second method is to extract the lens from its capsule, through the pupil, by an incision made into the cornea. This operation has been termed *extraction* of the cataract.

Q. 394. *At what time can the Operation for Couching, or Extraction, be with propriety attempted?*

A. When the opacity is so considerable, as to prevent the patient from following his ordinary occupation. An operation can never with propriety be attempted, when one eye only is affected. But, when the case is otherwise, the operation may at any time be attempted, providing the eye in other respects is found at its bottom,
the

the pupil has power of contraction and dilatation, and the cornea is transparent.

Q. 395. *How is the Operation for Couching of the Cataract executed?*

A. The patient being properly seated with his face towards the window, the surgeon is to sit before him; he is to be provided with proper assistants; one for supporting the head, and the other for securing the arms. The eye is now to be fixed, by a proper speculum, in such a manner, as to allow the whole of the transparent cornea, and one eighth of the tunica sclerotica, to protrude through it. The arm of the surgeon being now properly supported on a table placed beside him, he is then to take the couching needle into his right hand, when the operation is performed on the left eye, in the same manner as he does a writing pen. He is then to bear the little finger and ring finger on the cheek of the patient, and to carry the point of the instrument along the external canthus of the eye, into the sclerotic coat, which he
is

is to puncture one tenth of an inch behind the iris; and now he plunges the instrument into the capsule of the lens, which he must endeavour to disengage, so as to carry the lens, on the point of the instrument, into the bottom of the vitreous humour. As soon as this is effected, and the cataract is seen to disappear through the pupil, the instrument is to be immediately removed, and the eye shut. The patient is to be then laid in bed, in a dark chamber, and a strict antiphlogistic regimen enjoined, to obviate the inflammation that generally succeeds. In four or five days the success of the operation may be known. Sometimes the patient grows gradually better after the operation, while in others immediate success is obtained. If the lens still rises from the bottom of the vitreous humour into its natural situation, it is to be depressed a second time, after the inflammation induced by the first attempt has subsided.

Q. 396. *How is the Operation for Extraction of the Cataract performed?*

A. Both surgeon and patient being seated, the eye properly secured by a speculum, and the surgeon laying hold of the knife, as recommended (Q. 395.) for couching, he is to introduce the point of it, which ought to be of a conical form, into the lucid cornea, one sixteenth part of an inch distant from the iris, when he is to carry it across the pupil into the opposite side of the eye, through which he is to push it nearly one fourth part of an inch. The pressure from the speculum is then to be lessened, to prevent the aqueous humour from being entirely diffused. A semilunar cut is now to be made in the superior part of the cornea, the flap of which is to be raised by a blunt probe, which is then to be cautiously passed through the pupil, so as to scratch a hole in the capsule of the lens, to admit of the lens escaping. A moderate degree of pressure is now necessary with the speculum, so as to make the lens pass through the pupil. When the lens

lens stops in the anterior chamber of the eye, enlarging the opening in the cornea is necessary, or a scoop may be used for its removal. When the opacity is situated in the capsule, a removal of it, without discharging the vitreous humour, becomes impossible. The after treatment of the operation for extraction of the lens, is exactly the same as recommended for couching (Q. 395.).

Q. 397. *Whether should the Operation of Couching, or Extraction, have the preference?*

A. The objections to the operation for couching, are, that it always fails, when the lens is found in a dissolved state; that, by allowing the matter of the cataract to mix with the vitreous humour, a permanent blindness is the consequence. The operation for couching also fails, from the cataract rising again into its natural situation. When the opacity is in the capsule, couching will not remove it. The objections against the operation for extraction, are, that the vitreous humour is apt to escape

escape along with the lens. The cicatrix from the wound in the cornea renders it so opaque, as to prevent the rays of light from passing through it. The lens is said to be often so very large, as materially to injure the iris in passing through the pupil. The operation for extraction should, however, be preferred before the other; because the one is a radical cure, while the other is only a palliative. When the operation of extraction is properly performed, the vitreous humour need never escape; besides, the chance of the lens dissolving in the vitreous humour is very improbable.

LEUCOMA.

Syn. ALBUGO NUBICULA.

Q. 398. *What is a Leucoma?*

A. It is a speck or film, formed on the transparent cornea, produced by inflammation, occasioning an effusion between the lamellæ of the cornea, and rendering it

it so opaque, as to prevent the rays of light from falling upon the retina.

Q. 399. *How are Specks or Films of the Eyes to be removed?*

A. The remedies recommended for inflammation (Q. 7.) are also proper in inflammation of the eyes. When any film or speck is elevated above the surface of the cornea, escharotics or the knife are generally recommended; but these are improper, when an effusion takes place betwixt the lamellæ of the cornea. In such cases, therefore, remedies, tending to promote absorption most powerfully, such as mercury, are to be used. Sometimes it is impossible to confine escharotics to the part affected. In such cases the powder used as an escharotic is to be inserted within the eye-lids; by the motion of the eyeball it can be spread over the whole surface of the eye, consequently to the part affected.

GEN. XXX. IMPERFORATUS.

IMPERFORATUS ANUS.

Syn. IMPERFORATED ANUS.

Q. 400. *How is Imperforated Anus to be treated?*

A. An incision is to be cautiously made in the natural direction of the anus, for one or two inches. If no meconium appear, a trocar is to be cautiously drilled forward into the direction of the rectum. If the surgeon is so fortunate as to penetrate into the rectum, meconium is generally discharged. Sometimes the intestinum rectum terminates in the bladder: even in such a case the operation is to be attempted. The greatest caution necessary, to keep the opening made into the rectum open, by proper tents of lint, to prevent its sides from growing together.

IMPERFORATUS MEATUS AUDI-
TORIUS.

Syn. IMPERFORATED EAR.

Q. 401. *How is Imperforated Meatus Auditorius to be treated?*

A. A thin membrane only covers the passage into the ear. It is easily divided by a simple incision. The accretion of its sides may be obviated by dossils of lint, inserted between the edges of the wound, until it is rendered callous.

CARENS ORIS.

Syn. IMPERFORATED MOUTH.

Q. 402. *How is Imperforated Mouth to be treated?*

A. In the same manner, and with the same precaution, as recommended for an imperforated meatus auditorius (Q. 401.).

NASUS

NASUS IMPERFORATUS.

Syn. IMPERFORATED NOSTRIL.

Q. 403. *How are Imperforated Nostrils to be treated?*

A. In the same manner, and with the same precaution, as recommended for imperforated meatus auditorius (Q. 401.).

HYMEN IMPERFORATUM.

Syn. IMPERFORATED HYMEN.

Q. 404. *How is Imperforated Hymen to be treated?*

A. No difference of treatment is here necessary from that recommended for imperforated meatus auditorius (Q. 401.).

DENTITIO.

Syn. TEETHING.

Q. 405. *What are the diagnostic Symptoms of Teething?*

A. The gums are inflamed, and a degree of pyrexia occurs. Sometimes convulsive affections take place. The discharge of saliva is increased in some cases, while in others it is diminished. Troublesome diarrhœa often takes place, while at other times extreme degrees of costiveness occur.

Q. 406. *How is Dentition to be relieved?*

A. After the warm bath and opiates have been persisted in for some time to no purpose, and that the pain is considerable, from the tearing of the gum by the tooth, an incision is to be made in a crucial form over the tooth.

GEN. XXXI. CONCRETIO.

ANCYLOBLEPHARON*.

Syn. ADHESION OF THE EYE-LIDS.

Q. 407. *How is Adhesion of the Eye-lids to be treated?*

A. Adhesion of the eye-lids, in consequence of inflammation, may be separated by pulling them asunder by the fingers, if they adhere slightly; but when a firm adhesion has taken place, they are to be divided cautiously by the knife, and afterwards to be kept from adhering together, by dressings insinuated between the lips of the wound, until it is rendered callous.

SYNIZESIS†.

Syn. OBSTRUCTION OF THE PUPIL BY CONCRETION.

Q. 408. *How is Synizesis to be treated?*

A. An incision is to be made cautiously, so

* Ancyloblepharon, *Vogelius*. † Synizesis, *Vogelius*.

as to render the uvea pervious to the rays of light. This is to be executed by the point of a couching needle, introduced in the same manner, and with the same precaution, as recommended for couching.

ADHESIO AB URETHRITICA.

Syn. ADHESIONS OF THE URETHRA, FROM INFLAMMATION.

Q. 409. *How are Adhesions of the Urethra to be treated?*

A. The method of treatment is exactly the same as recommended for ischuria (See Q. 379.).

ANCYLOGLOSSUM*.

Q. 410. *What is Ancyloglossum, and how is it to be treated?*

A. It is an accretion of the tongue to the parts below, preventing speaking, sucking, and swallowing, and sometimes is the conse-

* Ancyloglossum, *Vogelius*.

quence of inflammation. The affection is removed by dividing the frenum of the tongue, cautiously, by a small pair of scissars, guarded at the point by a slit piece of silver.

DACTYLION*.

Syn. CONCRETION OF THE FINGERS;
WEBBING.

Q. 411. *How is Webbing to be cured?*

A. By simple incision, and keeping the parts at a distance from one another, until a cure is completed.

* Dactylion, *Vogelius*.

ORD. III. DISTORTIO.

GEN. XXXII. MUSCULOSA.

Q. 412. *How is Distortion from contracted Muscles to be treated?*

A. A cure can be expected only from gradual extension, which should be executed by proper instruments, applying emollients, at the same time, to the part, particularly animal fat, &c.

CAPUT OBSTIPUM*.

Syn. WRY NECK.

Q. 413. *How is Wry Neck to be treated?*

A. When the wry neck is owing to a contraction of the mastoid muscle, dividing the muscle by gentle strokes is said to effect a cure. The same method may be also used

* Caput Obstipum, *Vogelius*. Obstipitas, *Sagarus*, *Sauvagesius*.

when the skin is contracted about the neck by burning; and the head is to be kept in a proper posture during the cure, until new granulations form, and fill up the space between the divided ends of the muscle. When the wry neck is occasioned by a mal-conformation of the bones of the neck, a cure becomes impossible.

STRABISMUS.

Syn. SQUINTING.

Q. 414. *How is Squinting to be treated?*

A. When squinting is occasioned by a contraction of some of the oblique muscles of the eye, particularly the inferior, it may, in some measure, be obviated by dividing the contracted muscle.

GEN. XXXIII. OSSIFICA.

VACILLATIO*.

Q. 415. *What is a Vacillatio?*

A. It is a derangement of the teeth, oc-

* Labarium, *Linnaeus*.

caused

caſioned by a want of room in the jaw-bone for allowing the whole of them to appear in a circle, generally occurring before the firſt ſet have entirely diſappeared.

Q. 416. *How are Derangements of the Teeth to be treated?*

A. The teeth that ought to have been ſhed are to be pulled out, in order to make room for the ſecond ſet; and when the ſecond ſet are ſo large as not to find room in the jaw-bone, they are to be pulled out alſo, ſo as to make room for the reſt to come in a circle. When the teeth happen to be deranged by accidents, a ſmall plate of ſilver, perforated with a number of ſmall holes, is to be placed on four of the oppoſite teeth; a piece of wire, doubled, is to be paſſed through the holes, and the doubling of it is to be thrown over the tooth intended to be drawn into the circle: both ends of the circle are then to be pulled tightly through the holes, and ſecured by a pair of pliers. When diſtortions of the teeth are occaſioned by their being looſe, they are to
be

be fixed by means of a ligature to the neighbouring sound teeth; when they are loose from old age, little can be done to fix them. Tartarous incrustations of the teeth may also occasion a derangement of them. Acids, in such cases, have been recommended to dissolve such concretions, but they seem to injure the teeth materially. The surgeon, therefore, in such cases, is to press, with the thumb wrapped in a piece of linen, upon the tooth intended to be cleaned of such tartarous concretions; and then he is cautiously to scrape the incrustation off, avoiding, at the same time, the root of the tooth as much as possible. All the broken fragments of the incrustation are to be cautiously removed by a sponge, to prevent irritating the gums.

LORDOSIS*.

Syn. CLUB FOOT.

Q. 417. *What is Lordosis?*

A. When the bones of the leg are bended

* Lordosis, *Vogelius, Sauvagesius, Linnaeus, Sagarus.*

in any direction, it has been commonly termed *Lordosis*. When they happen, however, to be bended outwards, the disease has been termed *Valgus*; and when they are bended inwards, it has got the denomination of *Varus*. All these chiefly arise from original mal-conformation, or the accidental position of the patient before birth. They may arise also from rickets.

Q. 418. *How is Lordosis to be treated?*

A. By using moderate pressure on the convex side of the bones, so as to bring them at last into their natural situation.

GIBBOSITAS*.

Syn. HUMP BACK.

Q. 419. *What are the Causes of Distortion of the Spine?*

A. It is frequently the consequence of rickets, but may be also occasioned by a lateral attitude, too long continued, impeding the growth, and altering the shape of

* *Gibbositas, Sauvagesius, Sagarus.*

the vertebræ, by which means the bowels are often injured, and degrees of paralyfis produced.

Q. 420. *How is a Case of Hump Back to be treated?*

A. By endeavouring, as much as possible, to avoid that posture of the body occasioning the distortion, and by diminishing the weight of the parts above the spine, by the use of machinery;---such as that of *Jones*, &c.

DISTORTIO OSSIUM PELVIS.

Syn. DISTORTION OF THE BONES OF THE PELVIS.

Q. 421. *When the Distortion of the Bones of the Pelvis is so considerable as to render the Transmission of a living Child impossible, how is the Case to be treated?*

A. The child is either to be extracted
by

by dividing the symphysis pubis, by diminishing its size, by excision, or by extracting it through the integuments of the abdomen, and a corresponding incision into the uterus. The first of these methods can never be performed when there is an impossibility of saving the child. The latter can never be performed with propriety, but when the pelvis is so much contracted as not to admit of a delivery any other way. The second method is performed, with propriety, to save the mother's life, when every method of effecting the delivery of a living child has failed.

Q. 422. *How is the Symphysis Pubis divided?*

A. The patient is to be laid in a horizontal posture; an incision is to be then made, longitudinally, through the integuments, extending four inches above the ossa pubis; then the cartilage is to be cautiously divided, to avoid wounding the neck of the bladder. The pains occurring generally produce a sufficient separation of the bones;
but

but if this is not the case, the bones may be separated about one inch and a half: when the diameter of the pelvis is enlarged about half an inch, the bones cannot be farther separated without injuring the posterior ligaments, and the joinings of the os sacrum, most materially. The greatest attention is necessary in the after treatment of the wound.

Q. 423. *How is the Size of the Child to be diminished, so as to favour the extraction?*

A. A perforation is to be made in the most accessible part of the head, sufficiently large for allowing the brain to pass out. The labour-pains, now contracting the head, make the bones overlope one another, so that a delivery is easily effected.

Q. 424. *How is the Cæsarean Operation performed?*

A. The patient being placed in a horizontal position, a longitudinal incision is to be made on one side of the linea alba, beginning two inches above the umbilicus, and continuing it to the length of six inches:

a cor-

a corresponding incision is next to be made into the uterus, of a sufficient size for admitting of the child and placenta being extracted, which is to be done as soon as possible, to allow the uterus to contract, and to prevent the hemorrhagy. Some of the considerable arteries may be secured by ligatures, which may be allowed to hang out by the wound in the integuments, the edges of which are to be brought into contact, and retained by the twisted future (Q. 298.). The os internum may be kept for some time open, to allow any effused blood to run off.

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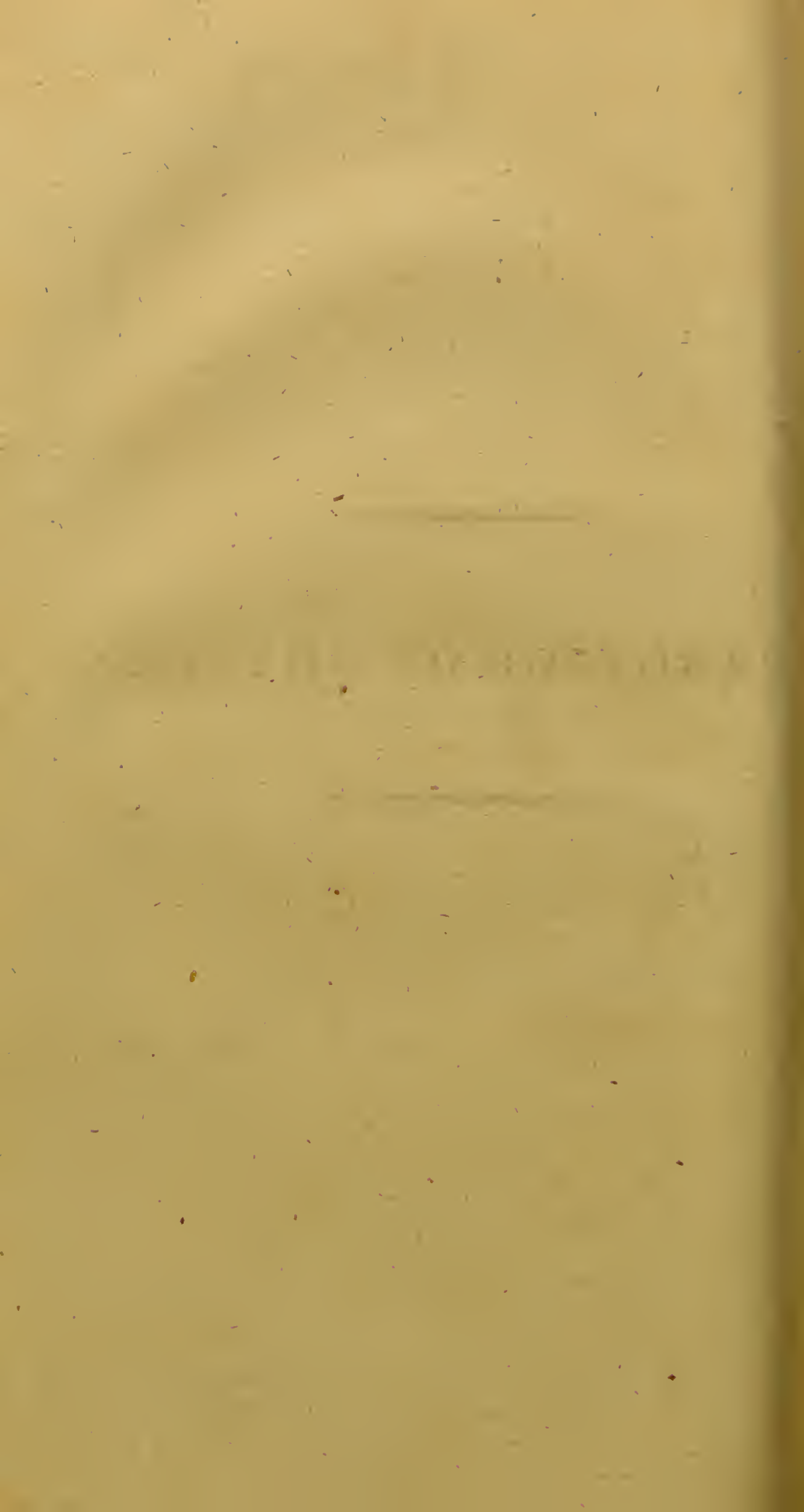
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PRACTICE OF PHYSIC.



PRACTICE OF PHYSIC:

WHEREIN IS ATTEMPTED

A CONCISE EXPOSITION

OF THE

CHARACTERS, SYMPTOMS, CAUSES OF
DISEASES, AND METHOD OF CURE;

WITH

FORMULÆ,

IN WHICH SUCH NEW ARTICLES ARE INTRODUCED AS
SEEM, FROM TRIAL, TO BE VALUABLE ADDITIONS TO

THE MATERIA MEDICA.

WITH

A COPIOUS INDEX

OF

DISEASES AND MEDICINES.

THE WHOLE INTENDED FOR THE ASSISTANCE OF
THE YOUNG PRACTITIONER:

By RICHARD TEMPLE, M.D.

LICENTIATE OF THE ROYAL COLLEGE OF
PHYSICIANS, LONDON.

The SECOND EDITION, with Corrections and Additions.

Medicinæ ars, potestates rerum externarum salubres, noxias, medicatas,
regulas, et præcepta his utendi, illas dirigendi ita, ut finis medico prospo-
situs obtineatur, adeo exponere debet.

GAUB. INST. PATHOLOG.

LONDON:

PRINTED FOR J. JOHNSON, ST. PAUL'S CHURCH YARD.

1798.



INTRODUCTION.

WHILST great progress was made in the other branches of philosophy, it was observed, and lamented, that in the knowledge of Medicine we either gained no ground, or at least advanced with a very slow pace. That charge appears now to be done away. Medicine has certainly of late kept pace with her sisters in science, and now is not the last in the train.

The fashion of hypothesis seems to have given place to observations on facts, the phenomena of diseases, and appearances on dissection; and the liberal and enlightened spirit of the age has greatly promoted them, by the numerous erections of hospitals in almost all parts of the world, which afford great experience,

A 3

perience, and frequent inspection of morbid bodies.

It is by these means that we are become more acquainted with the causes of diseases, and have established a more accurate pathology and method of cure; while the great improvements made in Medicine's auxiliary, Chemistry, and some recent discoveries in the vegetable and mineral kingdoms, and of powers unknown before, in some articles of the *Materia Medica*, have greatly added to our means of effecting it.

The publications of ingenious and observing men, who have paid particular attention to particular diseases, have also furnished us with a happier and more successful mode of treating them.

These circumstances have established a practice in many respects different from that which is laid down in the latest books of the practice of physic that I know, and in what it differs it appears to be obviously for the better.

From

From the consideration, then, of the improvements lately made in the discipline of Medicine in general, and of the successful treatment of some diseases in particular, I, with great deference, submit to the Public this book, containing the latest and most approved practice, and formulæ of medicines proper for each disease, in which will be introduced such new ones as have been found powerful and valuable; and I beg leave to assure the reader, that no pains have been spared to make it an useful assistant to the Young Practitioner, for whose use it is intended.

In the arrangement of diseases I have adopted the method of Cullen, and to each is prefixed its character in the words of that excellent nosologist; then follow the symptoms, diagnosis, prognosis, and causes, as far as they can be assigned; and, lastly, the method of cure, with the means of relieving particular urgent symptoms.

In the execution, I have endeavoured to bring all the circumstances of the disease into as close a point of view as possible, and have therefore aimed at conciseness, without obscurity, or omitting any thing material.

The doses of medicines are adapted to the adult male; they, therefore, must be lowered according to the age and strength of the patient: and as peculiar idiosyncrasy in different persons may cause some medicines to disagree, or not to produce the desired and wonted effect, several Formulæ are given of different articles classed in the *Materia Medica* under the same head.

If the practitioner would conduct himself so as to gain credit to himself, and procure advantage to his patient, there are several rules necessary to be observed both with regard to his general behaviour and mode of prescribing; for the former I refer him to that excellent book of Dr. Gregory's, "The Observations on the Duties and Offices of a Physician;"

‘ a Physician ;” and for his information in
the latter I will, with his leave, present him
with the following quotation from Hoffman :

—“ Ego sæpius a Principibus etiam viris
‘ quæsitus, quomodo peritus atque præstans
‘ medicus, cui fidere tuto possimus, ab im-
‘ perito discerni possit, responsum dedi : vi-
‘ tandum eum esse, qui, antequam veram
‘ morbi indolem et causam, ægrotique natu-
‘ ram paulo penitus cognoverit, mox ad præ-
‘ scribenda et sæpius mutanda medicamenta
‘ paratus sit : commendandum vero eum
‘ esse, qui priusquam se accingat ad ordina-
‘ rium remedium, per multis quæstionibus
‘ habitum corporis et animi, robur naturæ,
‘ digestionis et excretionis negotium, morbi
‘ genium, originem et causas remotas ex
‘ diætâ, vitæ genere, et aliis accuratissime
‘ scrutatur, et prægressa serâ meditatione,
‘ perpauca cum debito vitæ regimine, sed
‘ diutius continuanda remedia præscribere
‘ consuevit ; utpote semper suspecta esse de-
‘ bet nimia medicamentorum mutatio, quam
‘ etiam valde improbarunt veteres, id quod
‘ Celsus, lib. iii. ch. 1. prodidit his verbis,

“Oportet, ubi aliquid non respondeat, non ex-
 “periri aliud atque aliud; nam in longis morbis,
 “quos tempus ut facit, ita solvit, non statim
 “condemnetur, si quid non statim profuit,
 “minus vero removeatur; si quid paulum
 “saltem juvat, quia profectus tempore ex-
 “pletur.”—“Nam si ulla in re et arte ad
 “exoptatum consequendum scopum, temporis
 “expectatione atque beneficio opus est: certe
 “in operibus artis nostræ valet; nam ad cer-
 “tum effectum præstandum, sive ad infensum
 “illud, quod motibus vitalibus obest e cor-
 “pore removendum, certa proportionem, men-
 “sura et numero motuum qui tempore con-
 “tinetur, opus est.

“Spectat huc Juvenalis dictum: *Cunctator*
 “debet esse, qui de salute judicat.”

I have thought it unnecessary to quote the
 different authorities for what I have wrote,
 as they will most probably readily occur to
 the reader, and it would have increased the
 size of the book, a circumstance I wished for
 obvious reasons to avoid.

If the young Apothecary, under whose
are (in this country, at least) a much greater
number of cases fall, than under that of a
Physician, shall find any benefit from what
is here offered to him (in the hope of its
being some assistance to him in the beginning
of his practice) my aim will be accomplished,
and I shall not have laboured in vain.

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E R R A T A.

Page 12. l. 21. *for Stahl, read Stoll.*

21. l. 21. *dele e.*

168. *In the third Recipe, adde syrup. q. s.*

PRACTICE OF PHYSIC.

CLASS I.

Pyrexiaë, or Febrile Diseases.

CHARACTER.

POST horrorem pulsus frequens, calor major, plures functiones læsæ, viribus, præsertim artuum, imminutis.

BOOK I.

Of FEVERS.

CHARACTER.

PRÆGRESSIS languore, lassitudine, et aliis debilitatis signis, pyrexia sine morbo locali primario.

Fevers may be divided into Intermittent, Remittent, and Continued.

When intermissions take place, and the paroxysms return at certain regular periods, they constitute the Intermittent Fever.

When remissions happen at irregular periods, the Fever is called Remittent; and when no evident remission can be perceived, the disease is named the Continued Fever.

The proximate cause of fever is supposed to be, Atony and spasm of the extreme vessels.

The remote causes, as varying in different fevers, will be more properly given under each.

Pulv. cinchonæ rubr.

Pulv. cinchonæ flav.

Pulv. rad. gei urban.

Pulv. cort. Angustur.

Gum. kino.

Pulv. flor. chamæm.

If any of these run off by stool, a few drops of tinct. opii should be given with each dose.

A solution of arsenic in small doses will stop the paroxysm.

If, when you are first called in, the return of the fit is expected very soon, so as to allow of no time to give the bark or the tonics with effect, it may be put off by some of the following means :

An emetic just before the commencement of the cold fit.

A drachm of æther. vitriol. or a full dose of tinct. opii in any convenient vehicle ; and, probably, any powerful stimulus at that time applied to the stomach, would answer that purpose ; and having effected it, we are then to have recourse to the medicines recommended for preventing the return of the paroxysm.

During the cold fit, the patient should be well covered with bed clothes, should have warm bricks applied to his feet, and should have cordials and stimulants ; and such means should be used as are likely to shorten its duration, for the subsequent hot fit and sweating are always in proportion to the degree and length of the cold.

In the hot fit he should be kept cool, and cooling medicines and drinks should be given to moderate its violence.

Circum-

Circumstances preventing the fulfilling of the two first indications are, phlogistic diathesis, accumulations of bile and fæces in the stomach and intestines, great debility, and a damp, cold situation.

If considerable inflammatory diathesis is present, bleeding will be necessary; if accumulations of bile, &c. emetics and laxatives must be given, which indeed in this disease should generally precede the use of other medicines; and if there is great debility, the system must be strengthened by a more generous diet, the use of wine, the cold bath, exercise, and the tonic medicines mentioned above and hereafter.

The autumnal intermittents are more difficult to cure than the vernal ones. As patients are liable to relapse in this disease, the bark should be continued for some time after the paroxysms have ceased, and should be gradually left off.

A relapse happens seldomer in the Quartan than in the Tertian and Quotidian; and it generally happens on the fourteenth day from the last paroxysm, or some time within that period.

If the means above recommended fail of curing the disease, a change of air should be advised, as without it all our efforts are sometimes exerted in vain.

If the bark alone should not sit easy upon the stomach, it will be proper to join some aromatic with it; or it may be given in milk, in which vehicle it is often taken with the least inconvenience to the patient.

If it purges, add a few drops of tinct. opii to each dose.

THE QUARTAN.

CHARACTER.

Paroxyfmi fimiles intervallo feptuaginta duarum circiter horarum; acceffionibus pomeridianis.

The fymptoms are the fame as in the Tertian, except in the length of the intermiffion, and that the cold ftage is longer and more violent, but the paroxyfm fhorter.

THE QUOTIDIAN.

CHARACTER.

Paroxyfmi fimiles intervallo viginti quatuor circiter horarum; paroxyfmis matutinis.

The fymptoms are the fame as in the Tertian and Quartan, except in the fhortnefs of the intermiffion, and that the cold ftage is lefs than in the two former, but the paroxyfm longer.

The indications of cure in thefe two are the fame as in the Tertian.

CHAP. II.

Of CONTINUED FEVERS.

Of SYNOCHA; or INFLAMMATORY FEVER.

CHARACTER.

Calor plurimum auctus; pulfus frequens, validus atque durus; urina rubra; fenforii functiones parum turbatae.

SYMPTOMS.

Laffitude, debility, shiverings, a feeling of the whole body as if it had been bruifed, cold and heat
alternating

alternating with each other, head-ache, pains in the back, thighs, arms, legs, and great joints; then come on burning heat and thirst, a distension of the vessels on the surface of the body, particularly observable in the face and eyes, vertigo, nausea, vomiting, anxiety, and restlessness; delirium; a full, hard, quick pulse, and dry skin: the urine is high-coloured, the tongue dry, rough, and cruusted: the blood, when drawn, strongly adhering, and covered with a whitish or yellowish crust.

REMOTE CAUSES.

Perspiration suddenly stopped, exposure of the body to the cold air when heated, or to the sun's heat in summer; too much fatigue, excessive eating or drinking, violent passions of the mind, drinking cold water when hot, and topical inflammation.

DIAGNOSIS.

This fever is distinguished from the nervous fever by the strength of the pulse, greater degree of heat and thirst, and acute pains, and from the mental functions being less disturbed; and from the putrid fever by the state of the blood when drawn, and the strength of the pulse.

PROGNOSIS.

If the inflammatory symptoms run high; if there is violent pain in the head, with furious delirium; in the thorax, with cough; or in the abdominal viscera, and they do not soon yield to the remedies used, danger is to be apprehended from the apparent congestion or inflammation in these parts, and its terminating in suppuration, effusion, or gangrene.

CURE.

In the first place, we are to moderate the violence of the inflammation and re-action venesectione donec ad debitam vim redigatur pulsus; by quiet, exclusion of light, admission of cool air into the patient's apartment; by lightly covering the body in bed, and keeping it cool by every possible means, giving cooling acidulated diluting liquids in large quantities; order an emetic.

℞. Pulv. ipecac. ℥j.

Aq. puræ ℥j.

Tinct. lavend. c. ℥ss. m. f. haust. emetic. cum regimine sumendus.

Then,

℞. Natr. vitriolat. ℥iss.

Aq. fervent. ℥vj.

Ol. menth. ess. gtt. j. m. capt. cochl. ij. amp. omni hora, donec bis terve respondeat alvus.

Vel,

℞. Sodæ phosphorat. ℥iss.

Aq. fervent. ℥vj.

Tinct. fennæ ℥ss. m. eodem modo sumend.

Vel,

℞. Fruct. tamarind. ℥j.

Sennæ fol. ℥j. coque in aq. font. ℥xij. ad colat. ℥vüj. capt. cochl. iij. omni hora, donec alvus sub.

Vel,

℞. Mannæ opt.

Ol. amygd. dulc. āā ℥j.

Vitel. ov. q. f. tere et adde

Magnes. vitriol. ℥j.

Aq. fervent. ℥v.

Tinct. cardam. comp. ℥ss. m.

It will be proper also to inject laxative clysters every, or every other, day.

℞. Decoct. pro enemat. ℥xij.

Ol. olivar. ℥ij.

Magnes. vitr. ℥j. m. f. enema.

Nauseating

CLASS I.—FEBRILE DISEASES. 9

Nauseating doses of antimonium tartarifatum must be given.

℞. Antimon. tartarif. gr. iij.
Aq. fervent. ℥vj.
Syr. simp. ℥ij. m. capt. cochl. ij. amp. 3tia quaque hora,
ut nausea excitetur.

And neutral salts.

℞. Kali preparat. ℥j.
Succ. limon. recent. ℥fs.
Aq. puræ ℥j.
Syr. simp. ℥j. m. f. haust. 4tis. horis sumendus.
Vel,

℞. Sal. nitri gr. xv.—℥fs.
Coccinell. pulv. gr. ij.
Aq. puræ ℥ifs.
Syr. simp. ℥j. m. f. haust.
Vel,

℞. Kali acetati ℥j.—℥fs.
Aq. puræ ℥ifs.
Syr. aurantior. ℥j. m. f. haustus.

Might not the digitalis, or terra ponderosa, be given with good effect in this fever, from their well known power of reducing the action of the heart and vascular system?

In the second place we are to remove or prevent the effects of topical congestion, especially in the head or viscera. In the head it is suspected from intense pain and furious delirium, and it is to be relieved by general and topical bleedings, by leeches applied to the head or cupping, by shaving and blistering the head, by pediluvia, by clysters, and purges, and cooling applications to the head.

In the thoracic or abdominal viscera it will shew itself by the symptoms mentioned in the prognosis.

If

If it is in the former, we have recourse to general and topical bleeding, and blistering the thorax at the painful part; if in the intestines, to general and topical bleeding, blistering, the pediluvium, laxatives, and a rigorous adherence to the general antiphlogistic regimen.

If when the phlogistic diathesis is removed, fever still remains, attended with great debility and affection of the nervous system, we must proceed in the manner to be pointed out in the treatment of the nervous fever.

CHAP. III.

Of the TYPHUS, *or* LOW NERVOUS FEVER.

CHARACTER.

Morbus contagiosus; calor parum auctus; pulsus parvus, debilis, plerumque frequens; urina parum mutata; sensorii functiones plurimum turbatae; viresque multum imminutae.

SYMPTOMS.

This fever comes on by slow and almost imperceptible degrees; the first symptoms are lassitude, languor, depression of the spirits, general debility, frequent irregular returns of chills and heats, oppressed breathing without any topical affection of the lungs, great anxiety about the præcordia, loss of appetite, nausea, and sometimes a vomiting of insipid phlegm; with a pale, sunk countenance, vertigo, slight head-ache, or confusion, and disturbed sleep. There is neither great heat, thirst, nor dryness of the tongue; the pulse is small and weak,
and

and frequent, especially towards night. All these symptoms go on gradually increasing, and then come on great sensibility of the nervous system, subsultus tendinum, tremors, and sometimes convulsions. The patient cannot sleep, though he often lies in a kind of stupor with his eyes open: he has a delirium mite, or more frequently a confusion or constant muttering, with a tinnitus aurium. The urine is pale and without sediment, and though the tongue becomes dry in the advanced stage of the fever, there is seldom any complaint of thirst.

REMOTE CAUSES

Are a relaxed habit, and weak nervous system, large evacuations, poor diet, and depressing passions, fear, sedentary life, immoderate study, excess of venery, contagion, and moist warm atmosphere.

DIAGNOSIS.

This will be distinguished from the putrid fever by its being attended with less heat and thirst, no bilious vomitings, less frequency of pulse, and no symptoms of putrescency.

PROGNOSIS.

Danger is to be apprehended in this case in proportion to the degree of debility, and consequent affection of the nervous system, which will be indicated by delirium being constant, and continuing long, by profuse sweats attended with miliary eruptions, especially if they are partial about the thorax, head, and neck, while the extremities are dry and cold, by subsultus tendinum, tremblings of the hands and tongue when it is put out; hiccough, watchings,

watchings, colliquative diarrhœa, and feeble irregular pulse. When an involuntary discharge of the urine and fæces comes on with these symptoms, and a gathering of the bedclothes, mutterings, and high flushing in the cheeks, death may shortly be expected. The favourable symptoms are, a warm, gentle, universal sweat, unforced; the tongue keeping moist in the advanced stage of the disease, delirium not appearing early, and being seldom present, the pulse rising and becoming fuller upon the exhibition of cordials, eruptions about the mouth and ears, and a miliary eruption not preceded by, or attended with, profuse sweating; and a gentle diarrhœa.

CURE.

We begin by cleansing the primæ viæ by emetics, which given in the beginning often totally remove the disease. The effects of emetics in this fever are proved by the authority of eminent writers, who had very great practice in these fevers, and especially by Lind. Stahl, at the conclusion of a case of this fever in his *Ratio Medendi*, in which they had produced wonderfully good effects, says, “*Profecto*
 “*qui efficaciam emeticorum in morbis quamplu-*
 “*rimis, sive longi ii sunt, sive acuti, probe norit,*
 “*stupendos sæpe effectus mirabitur, quos a quam-*
 “*plurimis ignorari multum doleo.*” From great experience in this fever, I can say, that, if a practitioner is called in, when some of the first symptoms come on, and before the fever is formed, it may generally be prevented by giving an emetic, by procuring stools, fomenting the lower extremities,

extremities, and giving an opiate, and after that the bark.

℞. Vin. ipecac. ℥j.

Antimon. tartarif. gr. ij. m. f. haust. emetic. quamprimum sumend.

Then empty the intestines by laxatives and clysters, p. 8. Support the vis vitæ by wine, cordials, the bark, and volatiles.

Dr. Darwin recommends wine and opium in small quantities, repeated every three hours alternately; small electric shocks passed through the brain in all directions, and oxygene air, which, as powerful stimulants, must have a good effect. I have given small doses of calomel, so as not to affect the bowels, with great benefit.

℞. Pulv. cinchonæ ʒss.

Aq. font.

Vin. lusitan. āā ℥j. m. f. haust. 4tis. horis sumendus.

The tinctura cantharidis is of service.

℞. Tinct. canthar. gtts. xv.—xl.

Muc. gum. arab. ʒss.

Aq. puræ ℥j.

Syr. simp.

Tinct. cardam. āā ℥j. m. f. haust.

Vel,

℞. Sal. c. c. v. gr. x.

Decoct. cinchonæ, ℥ij.

Confect. aromat. ℥j. m. f. haust. 3tia. quaque hora sumend.

Alay the affection of the nervous system by fomentations of the extremities at bed time, antispasmodics, and blisters.

℞. Aq. menth. sativæ ʒifs.

Tinct. opii gtts. xx.—xxx.

Syr. simp. ℥j. m. f. haust. h. f. sumendus.

Vel,

Vel,

℞. Mosch. gr. x.—℥j.

Confect. aromatic. q. s. m. f. bol. 4tis. horis sumendus.

Vel,

℞. Camphor. gr. x.—℥j.

Muc. gum. arabic. q. s. m. f. bolus.

Vel,

℞. Spt. vitriol. æther. capt. cochl. j. minim. in aquæ puræ
cyatho.

The most distressing symptoms are generally the head-ache, confusion, and restlessness.

For the former, blistering the temples generally affords relief, and for the latter warm fomentations of the legs, and an opiate at bed time.

The patient will be frequently refreshed by cold acidulated liquids, by bathing his body with vinegar and water by means of a sponge, wiping it perfectly dry afterwards; and James's powder has great powers in this disease.

℞. Pulv. jacob. gr. v.—viii.

Conf. cynosb. q. s. m. f. bol. 6ta. quaque hora sumendus.

One thing must be observed here with respect to the bark, that, when the skin and tongue are dry, it generally does harm; these circumstances must, therefore, be removed previous to its exhibition.

This will generally be effected by the semicupium, or warm fomentation of the extremities, for an hour at bed time, giving at the same time pulv. ipec. c. with aq. ammon. acetat. and tepid drinks.

The diet must be nourishing, and wine must be liberally allowed.

CHAP. IV.

Of the SYNOCHUS, *or* MIXED FEVER.

CHARACTER.

Morbus contagiosus; febris ex synocha et typho composita: initio, synocha, progressu, et versus finem, typhus.

This fever occurs more frequently in practice than any other, in so much that (with very few exceptions, amongst which the chief are the intermittents) we seldom meet with a fever exactly as described by authors. It sometime assumes in the beginning an inflammatory type, betraying a young or incautious practitioner into a bold use of the lancet and antiphlogistic regimen, under which, to his astonishment and useless regret, his patient soon sinks past recovery; for without bleeding or any thing to lower the symptoms, it frequently very soon changes its false appearance, and shews its true nature, by the sudden falling of the pulse, and as sudden accession of great debility, and other alarming symptoms. When a young practitioner, therefore, is called in to a patient labouring under this fever, assuming the appearance just described, he will pause before he uses the lancet; he will consider the season of the year, the constitution, age, mode of life of his patient, and the nature of the reigning epidemic, if any such disease prevails; for *cognitio morbi epidemici est lux et acus nautica in assequendis innumeris aliis affectionibus morbosis correignantibus.*

In

In this case the safest mode of practice is to abstain from the use of the lancet at the first, especially in great towns, and in the southern parts of the kingdom, unless strong symptoms of topical inflammation point out pretty clearly the true nature of the fever. Though by no means a timid practitioner, I am thus cautious in the advice I have given upon the treatment of this fever in the beginning, because it has happened to me, as I dare say it has to others, to see more than one life (I firmly believe) sacrificed to the strict antiphlogistic regimen in this fever; and because I am very much inclined to think that the true synocha is seldom seen, independent of topical inflammation, more especially in the large towns, and southern parts of the kingdom.

I mean upon the whole to advise, that in fevers putting on the appearance of synocha at the beginning, we should be particularly cautious about the use of the lancet, without there is the strongest reason to believe that there is topical inflammation present; then there can be no doubt about its real and true nature.

The general symptoms, causes, prognostic, and mode of treatment, as it approaches to the typhus, or synocha, will be understood from what has been said in the account of those diseases.

CHAP. V.

Of the TYPHUS PUTRIDUS, *or* PUTRID
FEVER.

CHARACTER.

Morbus contagiosus; calor multo auctus; pulsus durus, parvus, debilis, plerumque frequens et irregularis; urina parum mutata; lingua plerumque arida et nigra; vires maxime imminutæ; et plerumque cum petechiis; sitis non deprecanda.

SYMPTOMS.

The putrid fever comes on with more violent symptoms than the typhus simplex. In the first stage there is more violent rigor, heat, and greater hardness of the pulse, which is small and irregular; there is an evident pulsation in the temporal and carotid arteries, an extreme debility and prostration of strength, (this is a pathognomonic symptom), great dejection of spirits and dread, nausea, and vomiting of green, and sometimes black, bile; unquenchable thirst, pain in the head and temples; the eyes seem inflamed and at the bottom are tinged with a yellow hue; vertigo, tinnitus aurium, difficult respiration, interrupted with frequent sighing, and the breath is generally very foetid.

As the disease advances, all the symptoms are aggravated: delirium not violent, or rather stupidity and confusion, comes on; and the pulse sinks while it increases in frequency; the delirium increases, with tremors of the hands and tongue; the

C

voice

voice is weak, and there are extreme weakness and lassitude, pains in the back and limbs, and scrobiculus cordis, with oppression, and vomiting of green or black putrid bile; the tongue is dry, parched and black, and sometimes of a yellow colour, and from its dryness the speech is indistinct, and when it is put out, it is frequently drawn in again with difficulty. The thirst continues, in general, unquenchable. If the patient lies warm, he is generally costive; if cold, there is a diarrhœa. The skin is parched, and there is commonly a peculiar pungent heat in it. In the last stage, added to the above symptoms, petechiæ and vibices appear, varying in colour from bright to livid; the breath, stools, urine, and sweat, become remarkably foetid, and hæmorrhages issue from different parts of the body, from the dissolved state of the blood.

REMOTE CAUSES.

Warm moist state of the atmosphere, weakness from preceding diseases, poor diet, or great evacuations, salivation, foul air from a number of people being crowded together in a small place, putrid animal and vegetable effluvia, or such as are emitted from stagnant putrid water, living entirely on animal food, or fish, and that more or less in a putrid state, contagion, and putrid diathesis.

DIAGNOSIS.

This fever will be distinguished from synocha by the state of the pulse, and great prostration of strength; and from the typhus simplex by the greatness of the thirst, by the pulse, by the violence
of

the symptoms at the attack, by the bilious vomiting, and symptoms of putridity.

PROGNOSIS.

The issue of this disease will be with difficulty etold. The danger will be greater according to symptoms of putridity, which are, extreme debility, colliquative violent diarrhœa, with hardness of the abdomen, large livid or black spots, profuse cold sweats, hæmorrhages, inflammation of and swelling with the eyes, dark-coloured aphthæ, with deep ulceration in the fauces, frequent inclination to uncover the breast, intense heat, dark-coloured and turbid urine, feeble irregular quick pulse, fœtid smell of the body, and the symptoms mentioned in the last stage of typhus simplex.

The favourable symptoms are, a gentle moderate sweat, bilious gentle diarrhœa, abscesses in the axillary, or inguinal glands; the pulse becoming regular, and the head being relieved by the use of emetics and cordials, scabby eruptions about the mouth and nose, turbid urine, in the advanced stage, depositing a sediment, attended with moist skin and cold, and a gentle sweat.

CURE.

In this dangerous fever no time is to be lost; we must, therefore, beware of inert practice, and endeavour immediately to counteract the putrid diathesis by every means in our power.

We must prevent the ill effects of plethora and stasis in the primæ viæ, by giving an emetic; and, afterwards, cooling acidulated liquids, the juice of the

subacid fruits, and spare diet; bleeding must not be ventured upon here. An emetic and cathartic given upon the first attack have the best effects.

2. We are to remove occasional or exciting causes, by placing the patient where he will have the purest, coolest air; by removing every thing that can retain or communicate putrid effluvia, at the same time impregnating the air of the room with acid, aromatic steams, produced by boiling vinegar, burning myrrh, frankincense, resin, pitch and tar; and whatever will increase the heat of the body must be cautiously avoided.

The bed linen and patient's linen must be changed daily, where it can be done.

3. Collection of putrid fomes is to be prevented by procuring frequent evacuations of the primæ viæ and intestines, by gentle emetics and laxatives, and the correction of it effected by antiseptics and diluents. Critical abscesses must be forwarded.

4. The vis vitæ must be supported by proper nourishment, given frequently in small quantities, by proper cordials, particularly the liberal use of wine, Peruvian bark, and, in the decline, blisters, and supporting the patient's spirits by every possible art.

5. Putrescency must be obviated by the early use of the most powerful antiseptics; by wine, by bark, camphor, neutral salts, and acids.

R. Pulv. rad. gei urb. ℥j.—3ss.

Aq. menth. sativæ ʒiſs.

Tinct. cinchonæ

Syr. cort. aurant. āā ʒj. m. f. haust. ʒtiis horis sum.

Vel,

- Pulv. cort. Angustur. gr. x.—℥j.
- Aq. puræ ℥iss.
- Tinct. serpent.
- Syr. cort. aurant. āā ℥j.
- Elix. vitriol. gtts. xv. m. f. haust. 3tiis horis sum.

Vel,

- Infus. arnic. mont. ℥ij. quartis horis.

Vel,

- Pulv. cinchonæ 3ss.—℥j.
- Aq. fontanæ ℥iss.
- Succ. aurant. ℥ss.
- Syr. cort. aurant. ℥j. m. f. haust. 2da vel 3tia quaque hora sum.

Vel,

- Pulv. cinchonæ 3j.
- Mistur. camphor. vel
- Vin. lusitan. ℥ij. f. haust.

Vel,

- Pulv. flor. cham. ℥j.—3ss.
- Mistur. e camphor. ℥ij.
- Pulv. aromatic. gr. x. m. f. haust.

The muriatic acid should be given in some of medicines, and the patient's common drink.

Give the neutral salts in the forms of p. 9, or the phor bolus, p. 14.

Vine should be given to the quantity of a bottle or even two, in the course of the day, and oranges and other subacid ripe fruits allowed ad libitum. It will be proper to use the wash of vinegar and water to the body recommended in typhus simplex, and to expose the patient to the cold air, give cold acidulated liquids to drink, and water impregnated with carbonic acid gas; and the latter also be thrown up by clysters.

6. Particular distressing symptoms, such as diarrhœa, vomiting, and delirium, must be relieved. The diarrhœa by gentle laxatives, acids (as correctors of the putrid matter occasioning it) the cort. Angust. and absorbents, with a gentle opiate.

The vomiting will be relieved by gentle emetics, acids, and saline draughts, taken in the act of fermentation.

℞. Kali preparat. 3ss.

Aq. puræ 3iss.

Syr. simp. 3j. m. f. haust. urgenti vomitu sumendus, et statim super bib. haust. sequent.

℞. Succ. limon.

Aq. puræ āā 3vj. m.

Or give a scruple of the rad. columb. in the saline draught, p. 9. For the delirium apply blisters to the temples, or between the shoulders, and order the pediluvium, or fomentation of the legs with vinegar and water.

The prophylaxis will consist in avoiding contagion, and whatever weakens the system; in using good diet, a moderate quantity of wine, and exercise; in employing the mind; and tonics, particularly the bark, which, in times of contagious diseases, ought to be taken daily; by keeping the body properly open: and it might perhaps be of great use, to take an emetico-cathartic once or twice a week during the prevalence of any violent contagious disease.

CHAP. VI.

Of the REMITTENT FEVER.

The remittent fever comes on with nearly the same symptoms as the Intermittent, except that the cold and hot stages are not so violent; when they have continued some time, they go off, leaving an evident remission, whence the disease has its name, and return at uncertain, irregular periods.

If inflammatory diathesis is present, bleeding will be necessary, then an emetic and laxative; and upon the remission taking place, the return of the paroxysm must be prevented by the means pointed out in the cure of intermittents. Particular symptoms, such as vomiting, diarrhœa, or headache and delirium, must be relieved by the means already mentioned for the relief of those symptoms occurring in the fevers treated of above.

When this disease is fatal, it generally degenerates into the putrid fever, or dysentery. If symptoms of putridity appear, we must proceed in the same manner as in the putrid fever.

CHAP. VII.

Of the FEBRIS HECTICA, or HECTIC FEVER.

CHARACTER.

Febris quotidie revertens; accessionibus meridianis et vespertinis; remissione, rarius apyrexia,

matutina ; plerumque fudoribus nocturnis, et urina fedimentum furfuraceo lateritium deponente.

As this cannot be considered a primary disease, the treatment of it will be deferred till I treat of the phthisis, of which it is always an attendant, and where it will more properly come under consideration.

The general treatment of fevers will be readily seen from the following practical axioms ;

Practical Axioms for the Treatment of
FEVERS.

1. Violent inflammation and re-action are to be obviated by a diligent use of the antiphlogistic regimen.

2. Great debility is to be removed by cordials, tonics, and stimulants.

3. Topical congestion is to be prevented, or removed, by topical bleedings, blistering, and the general antiphlogistic plan.

4. Debility and affections of the nervous system are to be relieved by wine and other cordials, blisters, pediluvia, and other antispasmodics.

5. Putrescency is to be counteracted by an early use of the most powerful antiseptics.

6. Particular distressing symptoms are to be relieved by proper remedies, already pointed out.

7. The recurrence of the paroxysms is to be prevented by the free exhibition of the bark and other tonics in the remissions.

8. The strength is to be restored by tonics, nourishing diet, and exercise.

9. The

9. The reigning epidemic, and the particular seasons of the year, and weather, are to be diligently considered; nam. qui regnantem temporis constitutionem non assidue respexerit, neque inde suos canones efformarit; næ, is alto se mari committit, ventorum ludibrium, et fluctuum præda!

B O O K II.

C H A P. I.

Of PHLEGMASIÆ, or INFLAMMATIONS.

C H A R A C T E R.

SYNOCHA; phlogosis, vel dolor topicus, simul læsa partis internæ functione; sanguis missus, et tam concretus, superficiem coriaceam albam ostendens.

Of inflammations there are two species—the Phlegmon, and Erysipelas.

Of PHLEGMON.

C H A R A C T E R.

Phlogosis (Phlegmon) rubore vivido tumore circumscripto, in fastigium plerumque elevato, sæpe in apostema abeunte, dolore sæpe pulsatili.

S Y M P T O M S.

A tumour, with uncommon redness, heat, and pain, attended with a sense of throbbing, and a hard, quick, full pulse, and thirst.

R E M O T E

REMOTE CAUSES.

The same as produce inflammatory fever, external injuries, and very hot, very cold, or various acrid applications.

Inflammation terminates by resolution, suppuration, and gangrene. When resolution takes place, the inflammation goes off without producing suppuration or gangrene.

The signs of approaching suppuration are, a continuance of the pain beyond a certain time, when the proper means of subduing the inflammation have been used; the tumour rising to a point; throbbing in the part, and frequent chills; when it is effected, the pain remits, a fluctuation is felt, and the part becomes soft and white on the top.

A disposition to gangrene may be perceived by the extreme violence of the pain, by the colour losing its brightness and becoming more or less of a purple or livid hue; the part then becomes almost black, cold, loses its elasticity, and the cuticle rises into blisters; when it becomes quite black and dead, it is called a sphacelus.

PROGNOSIS.

The danger in this case will be in proportion to the importance of the part affected, and the tendency to gangrene, which will be understood from what has been said above: and it is to be remembered, that internal suppurations are always highly dangerous, and frequently fatal.

CURE.

When the disease is not critical, the resolution
of

of the inflammation is to be obtained, if possible, by removing the exciting causes; by the general antiphlogistic plan, especially by bleeding repeatedly, according to the violence of the symptoms and strength of the patient; by topical bleedings by leeches, and applications of cooling sedative medicines, and purgatives.

℞. Ceruss. acetat. ℥ij.
Acet. distillat. ℥ij.
Aq. distillat. ℥vij. m.

This is to be applied to the part with linen frequently doubled; and it is to be kept constantly wet with it.

When suppuration seems likely to take place, it is to be assisted, by emollient poultices and fomentations, and by keeping up such a degree of inflammation as is necessary to forward it. For the method of opening and treating the abscess, when the suppuration is complete, I refer to the writings on surgery.

When a gangrene is likely to come on, it must be prevented by increasing the inflammation, if want of a sufficient degree of it seems the cause, by stimulants and cordials; by lessening it, if it seems to proceed from too high a degree of it, by the method mentioned above; and when it has actually taken place, the dead parts must be separated from the living by separation with the knife, by incisions down to the living parts, by stimulating applications to the part, and antiseptics; and by tonics, antiseptics and cordials thrown into the system, particularly wine, opium, and the bark, in
some

some of the forms, p. 21, and in as large and frequently repeated doses as the stomach will bear. The addition of an opiate will make the stomach retain it when it otherwise would not.

Musk combined with volatile alkali has been given in gangrene with good effect.

CHAP. II.

Of the ERYSIPELAS.

Of the Erysipelas, or St. Anthony's Fire, there are two cases—one, when it is merely an affection of the skin alone, with very little of the whole system, and it is then called Erythema; the other, when it is a symptomatic affection of the system, is called Erysipelas, and will be taken notice of in another place.

Of the ERYTHEMA.

CHARACTER.

Phlogosis (Erythema) colore rubicundo, pressione evanescēte; ambitu inequali, serpente, tumore vix evidente, in cuticulæ squammulas, in phlyctēnas, vel vésiculas abeunte, dolore urente.

SYMPTOMS.

The Erythema is attended with an inflammation of the exterior surface of the skin, with scarce any evident swelling, of a bright red colour, readily disappearing upon pressure, but quickly returning again; the redness is not circumscribed, but spreads unequally upon the neighbouring parts, with a stinging,

stinging, burning pain, producing blisters, sometimes of a smaller, and sometimes of a larger size, always ending in a desquamation of the cuticle, and sometimes in gangrene, and now and then a small degree of pyrexia is present.

REMOTE CAUSES.

Acrid matter applied externally, or thrown out upon the skin from the body; and relaxing, warm applications.

CURE.

The removal of the disease is generally attempted by the general antiphlogistic plan, and the application of dry cooling powders to the eruption, such as the following :

℞. Pulv. amyli
Lap. calaminar. āā p. æ.

Unctuous and humid applications are found to do harm in this disease.

I have commonly found this case attended with a lax fibre, and debile state of the system, and have generally cured it by wine and the bark, and the use of such applications as the powder above; and I believe that, except strong marks of inflammatory diathesis appear, they will be the most effectual means.

If gangrene is threatened, proceed as was advised p. 27 and 28.

CHAP. III.

Of OPHTHALMIA, or INFLAMMATION of the EYES; of which there are two species.

I. Ophthalmia membranorum in tunica adnata, et ei subjacentibus membranis, five tunicis oculi.

SYMPTOMS.

Fulness of the vessels of the tunica adnata, with redness, violent intense pain, especially upon moving the ball of the eye, and a sensation of something sharp having got within the eyelids, an effusion of tears, and intolerance of light. When the pain is very violent, and the inflammation occupies the greatest part of the eye, it sometimes brings on head-ache, fever, and delirium. It is either symptomatic or idiopathic.

REMOTE CAUSES.

All those that produce inflammation in general, strong light, external injuries from blows, sharp cold winds, dust, hairs, or tumours within the palpebræ, acrid fumes, small-pox, measles, syphilis, scrofula, and phrenitis.

CURE.

We must, in the first place, consider the nature of the disease, *i. e.* whether it is symptomatic or idiopathic. If it is symptomatic, the means must be directed to remove the primary affection. If it is idiopathic, and the symptoms are very severe, it may bring on an inflammatory fever, when, with

the
a local predisposing debility in
the vessels of these organs is induced
by the strong glow of light & led to local
the eyes are exposed during the summer m.

CLASS I.—FEBRILE DISEASES. 31

the topical means, the general ones proper for that disease must be put in practice. If it is merely a topical affection, the cure must be attempted by general and topical bleeding in the temples, internal palpebræ, and tunica adnata; by cathartics.

R. Pulv. jalap. ʒj.—ʒss.

Ol. menth. gtt. j. m. f. pulv. purg.

Vel,

R. Calomel. ppt. gr. iij.—v.

Conf. cynosb. q. f. m. f. pill. h. f. sum. et haust. sequent. mane primo.

Vel,

R. Infus. sennæ limoniat. ʒij.

Magnes. vitriol. ʒss.

Tinct. lavend. comp.

Tinct. jalap. āā ʒj. f. haust.

*The re
I add
weak
of a
water &
combine
opening*

By avoiding every thing that can irritate the eyes, especially light, and whatever keeps them hot, or occasions any motion of them.

By blisters behind the ears, and issues.

By cooling, moderately astringent applications to the eye.

R. Ceruss. acetat. gr. x.

Aq. distillat. ʒij.

Camphor. gr. vj. in gtt. vj. spt. vin. sol. m. f. collyrium.

Vel,

R. Aq. zinci vitriolat. cum camph.

Aq. ros. āā ʒij. m.

Vel,

R. Aq. vitriol. Ph. Edin.

Aq. ros. āā ʒij. m.

By allaying the pain by opiates, topically applied, and given internally.

R. Opī

℞. Opii pur. gr. iij.

Aq. puræ ʒvj. solve et instillentur inter palpebras guttæ
iij. vel. iij.

By preventing or taking off inflammatory diathesis, by the antiphlogistic plan, and the exhibition of cooling medicines, p. 9, and such as determine to the skin by exciting nausea, p. 9, and by removing the occasional causes.

If the disease proceeds from a relaxed habit, the kind of inflammation will be different: it will be less violent, and is frequently attended with an erysipelatous eruption about the eye; the parts will appear evidently relaxed, and the cure will then be effected by tonics, such as the bark, steel, mineral waters; cold bathing, general and topical; and astringent bracing applications to the eyes, such as the aq. vitriol. *Ph. Edin.* and aq. zinci vitriol. cum camphora undiluted.

The following ointment, recommended by Bell, is superior to any thing I ever tried, and has done wonders.

℞. Hydrarg. nitrat. rubr.

Lap. calam. præp. āā ʒiss.

Litharg. præp. ʒj.

Tutia præp. ʒss.

Cinnabar. nativ. ʒj.

℞. pulv. tenuiss. dein misce cum adip. suillæ ʒij. adde bals.

Peruv. gtts. xv. m. f. ung.

This is to be applied with a camel's hair pencil at bed time.

If it depends upon scrofula or syphilis, it must be removed by means to be mentioned when these diseases shall be treated of.

If it is the consequence of small-pox or measles, purgatives, issues, and tonics, must be chiefly employed.

CHAP. IV.

Of the second Species of OPTHALMY or OPTHALMIA TARSI, cum tumore, erosione, et exudatione glutinosa tarfi palpebrarum.

SYMPTOMS.

This affection of the tarsus is generally attended with more or less inflammation of the tunica adnata; the glands of the tarsus are enlarged, inflamed, and generally ulcerated.

CURE.

Besides the general treatment prescribed in ophthalmia membranorum, the ulcers will require a particular application.

℞. Calomel. ppt.

Sacch. alb. purif. subtiliss. pulv. āā p. æ. m. tarso palpebr. applicand.

Vel,

℞. Zinci calcinat. eodem more usurpand.

In both the cases of ophthalmia it will be necessary to obviate the adhesion of the eyelids, which commonly takes place during sleep, for which purpose the following liniments will be proper :

℞. Ung. tutiæ, quoquo illinentur palpebræ omni nocte hora somni.

Vel,

℞. Adipis suillæ ʒj.

Zinci calcinat. ʒj. m. f. ung.

Or Bell's ointment, recommended page 32.

If the disease does not yield to the treatment pointed out above, there will be reason to suspect some syphilitic or scrofulous taint in the system, which must of course be removed by the means proper for these complaints.

CHAP. V.

Of PHRENITIS, or INFLAMMATION of the BRAIN, or its Membranes.

CHARACTER.

Pyrexia vehemens; dolor capitis; rubor faciei et oculorum; soni et luci intolerantia; pervigilium; delirium ferox, vel typhomania.

SYMPTOMS.

Violent pyrexia, with the general symptoms of synocha, but attended with more violent, deep-seated pain in the head, and redness and turgescence of the eyes and face; a wild, fierce look; an impatience of noise and light; a constant watching; a delirium, constant and furious; uncommon strength; deep breathing, and the pulse varies in respect to its hardness and fulness. It is idiopathic or symptomatic.

PROXIMATE CAUSE.

Inflammation of the meninges or parenchymatous substance of the brain.

REMOTE CAUSES.

General causes of synocha, irritable system, violent passions, hot weather, external injuries, intense application

application of the mind, metastases from pneumonic inflammation, erysipelas, gout, and rheumatism.

DIAGNOSIS.

Phrenitis is distinguished from mania by the attendant fever and pain in the head, and from synocha, by the early delirium and intolerance of the least noise or light.

PROGNOSIS.

The particular unfavourable symptoms are, vomiting of greenish matter, suppression of urine, grinding of the teeth, constant spitting, obstinate refusal of drink, subsultus tendinum, and trembling of the hands and tongue.

CURE.

We proceed upon the same general plan as in the cure of synocha, but the most powerful topical as well as general remedies are to be immediately employed. Large and repeated blood-letting is necessary, and from vessels as near as possible to the head.

Detrahatur sanguis statim ad deliquium, ab arteria temporali, vel a vena jugulari; at si sanguis non profluat, applicentur temporibus hirudines vel cucurbitulæ, et fiat venæ sectio in brachio.

Then,

℞. Pulv. jalap. ʒss.

Aq. puræ ʒij.

Tinct. fennæ ʒj. f. haust. purg.

Vel,

Mist. laxativ. p. 8.

℞. Decoct. pro enema ʒxij.

Magnes. vitr. ʒj.

Ol. olivar. ʒiij. m. f. enema.

D 2

Capitū

Capiti raso, imponatur emplastrum e canthar. magnum. Order the pediluvium.

The patient must be kept as much as possible in an erect position; every part of the antiphlogistic regimen must be strictly put in practice; light and noise, and heat, must be particularly avoided.

Quere. Might not good effects be expected from pouring cold water upon, or applying cold substances to, the head, while the patient was up to the chin in a warm bath?

CHAP. VI.

CYNANCHE, or SORE THROAT.

CHARACTER IN GENERE.

Pyrexia aliquando typhodes; rubor et dolor faucium; deglutitio et spiratio difficiles, cum angustiae in faucibus sensu.

Of this disease there are five species:

1. Cynanche tonsillaris.
2. Cynanche maligna.
3. Cynanche trachealis.
4. Cynanche pharyngea.
5. Cynanche parotidea.

Of the CYNANCHE TONSILLARIS. SORE THROAT.

CHARACTER.

Cynanche tonsillaris membranam faucium mucosam, et praecipue tonsillas, tumore et rubore afficiens, cum febre synocha.

SYMPTOMS.

SYMPTOMS.

This disease is attended with redness and tumour in the tonsils; painful deglutition, and frequent inclination to swallow; soreness of the throat, and pain sometimes shooting into the ear, with a troublesome clamminess of the mouth and fauces; a frequent, but difficult, excretion of mucus, and more or less of pyrexia.

The swelling in the tonsils and fauces is sometimes so great as to prevent the patient from speaking, and in some cases the respiration is so much impeded by it, that he cannot lie down for fear of suffocation.

The inflammation and tumour are, at first, most commonly confined to one tonsil, and, abating in that, increase in the other.

REMOTE CAUSES.

The same as those producing inflammation; cold applied to the neck, previous cynanche, stimuli from substances sticking in the throat, or acrid ingesta.

DIAGNOSIS.

It is distinguished from the putrid sore throat by the absence of the ulcers, and erysipelatous eruptions, and by the strength of the pulse.

PROGNOSIS.

The termination of this disease is most commonly a resolution, sometimes in suppuration, and seldom a gangrene: hence the prognostic may, in general, be favourable.

CURE.

For the removal of the inflammatory tonsillary sore throat, the general antiphlogistic regimen will

be necessary, except bleeding; leeches and blisters are to be applied to the external fauces; a purge or two must be given in the beginning, in which stage of the disease full vomiting is often of essential service, and acid and astringent gargles must be used.

℞. Decoct. cinchonæ, Vel,

Decoct. cort. querc. ℥vj.

Mel. rosæ ℥j.

Acid. vitr. dil. ʒjss. m. f. gargar.

Vel,

℞. Infus. ros. ℥ss.

Alum. ʒij.

Mell. rosæ. ʒj. m. f. gargarism.

Vel,

℞. Aq. ammoniæ acetat. ℥vj. pro gargarism.

Vel,

℞. Linim. ammoniæ ʒj. faucibus externis applic.

Vel,

℞. Emp. cantharidis faucibus extern. applic.

The steam of warm water and vinegar should be inhaled.

If suppuration is likely to take place, the patient should frequently inhale the steam of warm water; and if in that stage the swelling of the tonsils should be so great as to endanger suffocation, or prevent deglutition, they should be scarified, or they may be made to break by exciting vomiting.

In case the swelling of the tonsils, fauces, and tongue, should be so great as to endanger immediate suffocation, and at the same time render it impossible to get at the tonsils to scarify them, and if also the power of deglutition is destroyed, so that no medicine can be got down to excite vomiting,
and

and by that means burst the tonsils, the patient may be snatched from instant death by inhaling æther from an inhaler, into which put water that nearly boils, and add to it a drachm of æther; the inhaler is to be instantly covered, and the patient must inhale the vapour as soon as possible. The stimulus will be so great, that it will excite an action and contraction in the parts sufficient to break the tonsils, which of course will give instantaneous relief.

This, however, it will be readily understood, can only succeed when suppuration has taken place in the tonsils, but it is in this state only that the patient is likely to be in such immediate danger.

If this does not succeed, bronchotomy must be had recourse to.

After the abscess has broke, a gentle cathartic should be given.

If a gangrene is threatened, proceed in the manner laid down under that head, and recommend the frequent use of antiseptic gargles.

CHAP. VII.

Of the CYNANCHE MALIGNA, *or* MALIGNANT ULCERATED SORE THROAT.

CHARACTER.

Cynanche maligna, tonsillas, et membranam faucium mucosam afficiens tumore, rubore, et crustis mucosis, coloris albescentis vel cineritii, serpentibus, et ulcera tegentibus; cum febre typhode exanthematis,

SYMPTOMS.

This is ushered in with alternate successions of heat and cold, shiverings, sickness, great anxiety, vomiting, and diarrhœa; and these are generally the first symptoms of the disease. At the same time a stiffness is felt in the neck, with an uneasiness in the internal fauces, tightness and sense of strangulation, and a hoarseness. The fauces are of a deep red colour, but without much tumefaction; deglutition is seldom either difficult or painful. A number of white or ash-coloured spots soon make their appearance upon the inflamed parts; these run together and spread, covering almost the whole fauces with sloughs, which, falling off, discover deep ulcerations, that appear to have eat deep into them: the breathing and speaking are attended with a peculiar noise and hoarseness; from which circumstance the Spaniards have named this disease the *Garotillo*. The eyes are red, heavy, and watery, and the pulse in general is small, quick, and fluttering: the countenance is often full and bloated, sometimes pale and sunk, and the breath, in the progress of the disease, becomes intolerably foetid, even to the patients themselves. As these symptoms proceed, they are generally attended with a diarrhœa, and coryza, which pours out a thin, extremely acrid, foetid matter, or sanies, excoriating the nostrils and lips. In infants there is frequently a purging of thin acrid matter, excoriating the anus and neighbouring parts. With the increase of these symptoms the fever keeps pace, with a marked exacerbation every night; and generally a remission
in

in the morning. There is great debility, prostration of strength, anxiety, and restlessness, with frequent sighing, as in the putrid fever, and delirium, and frequently coma. On the second, or third day, or sometimes later, an efflorescence appears on the skin, of a colour resembling the stain of the juice of raspberries, which extends to the fingers ends, and the hand and fingers are stiff. The eruption is as irregular in its duration as appearance; it, however, usually continues four days, and then goes off with a desquamation of the cuticle; but neither its appearance nor going off does always produce any remission of the pyrexia or other symptoms, except the sickness, which generally abates upon its coming out. The ulcers on the fauces become livid or black, and sometimes gangrene to a considerable degree takes place; symptoms of great putridity come on, and under them the patients sink often on the third day, sometimes later, most frequently on the seventh, and are carried off sometimes by a putrid diarrhoea, and sometimes by hæmorrhages from the nose and mouth, or other parts.

The lymphatic glands become so much swelled from the absorption of the putrid matter, as often to endanger suffocation; the organs of respiration seldom remain unhurt, and the whole intestinal canal has been found, on dissection, to have been affected by the matter passing down the œsophagus.

CAUSES.

The cause of this disease is specific contagion, which will be more readily received from the existence of the remote causes of putrid fever.

DIAGNOSIS.

DIAGNOSIS.

It will be distinguished from the scarlatina anginosa, which is of great consequence, by the following table, contrasting the peculiar circumstances of each, as drawn up by Dr. Withering, in his account of the two diseases :

SCARLATINA ANGINOSA.

Season—Summer, autumn.

Air—Hot, dry.

Places—High, dry, gravelly.

Subjects—Vigorous; both sexes alike; robust in most danger.

Skin—Full scarlet, smooth; if pimply, the pimples white at the top; always dry and hot.

Blood—Buffy, firm.

Eyes—Shining, equable, intense redness, rarely watery.

Throat—In summer, tonsils &c. little tumefied, no slough; in autumn, more swelled; integuments separating, sloughs white.

Breath—Very hot, but not foetid.

Voice—In summer, natural.

Bowels—Regular at the accession.

Termination—The third, fifth, eighth, or eleventh day.

Nature—Inflammatory.

CYNANCHE MALIGNA.

Season—Spring, winter.

Air—Warm, moist.

Places—Close, low, damp, marshy.

Subjects—Delicate; women and female children; robust adults not in danger.

Skin—Red tinge, pimply; the pimples redder than the interstices; bedewed with sweat towards morning.

Blood—Florid, tender.

Eyes—Inflamed and watery, or sunk and dead.

Throat—Tonsils &c. considerably swelled and ulcerated; sloughs ash-coloured, or dark brown, or black.

Breath—Offensive to the patients and attendants.

Voice—Flat and rattling.

Bowels—Purging at the accession.

Termination—No stated period.

Nature—Putrid.

PROGNOSIS.

PROGNOSIS.

When the ulcers in the fauces appear of a milder kind, that is, if they do not assume a livid hue, or shew a tendency to gangrene; if the patient discharges from the mouth much thin pituitous matter; if the fever, delirium, anxiety, and restlessness, are not great; if the breath is not very foetid, or the symptoms of putridity high; if, upon the appearance of the eruption, the fever suffers a remission, and a farther one on its desquamation; and, above all, if the eye retains its clearness and lustre, we may hope for a favourable termination of the disease; and in this state of things it often finishes its course, on or before the seventh day, by gentle sweats, and an intolerable itching of the skin, and in a few days the sloughs separate from the ulcers in the fauces, and sleep and other marks of returning health appear.

But this disease is extremely fallacious, and we must not put too much confidence in favourable symptoms at the beginning, as it frequently changes very suddenly from a mild to a highly malignant state.

This malignancy, and the consequent danger, is extreme, if the symptoms of putridity are great; if the breath and coryza are highly foetid, and the latter very acrimonious; if the ulcers in the fauces become livid or black, and if there is considerable external œdema; if the delirium, coma, anxiety, and restlessness, are great and constant, and the eye sunk, clouded, and ghastly.

CURE.

The curative indication will be to counteract the putrid tendency, attending at the same time to particular symptoms. In the beginning give an emetic, and empty the intestines by laxatives and clysters. Apply a blister to the external fauces and back. The acrid matter discharged from the ulcers must be corrected, and the fauces guarded from its effects by the frequent and diligent use of antiseptic gargles.

R. Decoct. cinchonæ ℥vj.

Mell. rosæ ℥j.

Tinct. myrrhæ ℥ss.

Acid. vitriol. vel

Acid. muriat. q. s. grat. acid. reddere. m. f. gargar.

If the patient cannot gargle, this must be thrown into the fauces by a syringe. He may also be directed to inhale the steams of warm water and vinegar; and the fumes of burning myrrh, frankincense, and other things of the same kind.

Wine and bark must be given in the same manner as in the typhus putrida, and acid fruits allowed.

The putrid matter descending into the stomach and intestines must be evacuated by gentle emetics and laxatives, and corrected by the means pointed out in the putrid typhus.

When children are the subjects of this disease, as in general they cannot take the bark, it should be given in doses, adapted to circumstances, in clysters; and if it should happen that adults cannot swallow, the same method must be pursued; and
nourishment

nourishment and cordials must be thrown into the system by the same means.

CHAP. VIII.

Of the CYNANCHE TRACHEALIS.

CHARACTER.

Cynanche trachealis respiratione difficili, inspiratione strepente, voce rauca, tussi clangosa, tumore fere nullo in faucibus apparente; deglutitione parum difficili, et febre synocha.

SYMPTOMS.

This is an inflammation of the glottis, larynx, or upper part of the trachea, attended with very great dyspnœa, a peculiar ringing sound of the voice as if passing through a metallic tube, and a sense of constriction about the larynx, and pyrexia. There is little or no difficulty in swallowing, or apparent redness or tumefaction.

In unfavourable cases, orthopnœa and symptoms of peripneumony succeed the above phenomena.

THE REMOTE CAUSES

Are the same as those producing inflammation in general, and cynanche tonsillaris. Whatever may determine the cause to the trachea, stimuli applied to it, such as particles of food getting within the glottis, &c.

DIAGNOSIS.

It will be readily known from any other disease by the peculiar clangor of the voice, attended with

with dyspnœa and sense of constriction about the larynx.

CURE.

Powerful remedies against inflammation are to be used, and the constriction of the trachea relieved by antispasmodics, internal and external. In the beginning order an emetic and purge. Applicet. emp. cantharid. faucib. extern. or the following liniments :

℞. Ung. ex althæa ʒij.
Camphor. ʒij. m. f. liniment.

Vel,

℞. Liniment. ammoniæ ʒij.
Tinct. opii ʒij. m.

The warm bath may be advised, and the receiving the steams of warm water into the fauces.

A disease of this kind attacks infants, while the last-mentioned one is confined to adults. To the symptoms of cynanche trachealis are added, a cough, commonly dry in the beginning, and when any thing is expectorated, it is sometimes puriform, and sometimes it has the appearance of membranaceous films. There is a sense of heat and uneasiness, and a quick pulse. Sometimes they are suddenly carried off by suffocation. They are not liable to this complaint, called the Croup, till after they are weaned, or after twelve years of age; but the younger they are between these two periods the more subject they are to it. Dissections have generally shewn an appearance of a preternatural membrane lining the internal surface of the trachea, especially in its superior part, produced by exuda-

tion, the consequence of the preceding inflammation.

THE REMOTE CAUSES

Are particular age, mentioned above; cold, damp situation, and exposure to easterly winds.

PROGNOSIS.

The danger will be in proportion to the symptoms of inflammation and degree of dyspnœa.

CURE.

Begin by immediate general and topical bleedings, which must be repeated according to the urgency of the symptoms, strength of the patient, and state of the pulse; then give an emetic and purge. The antiphlogistic plan must be pursued through the disease, and laxative clysters, frequently injected. Apply blisters to the fauces, or the liniments ordered for cynanche trachealis, and the other general remedies. The warm bath continued for some time.

CHAP. IX.

CYNANCHE PHARYNGEA.

CHARACTER.

Cynanche pharyngea cum rubore, in imis prætertim faucibus; deglutitione maxime difficili, doletissima; respiratione satis commoda, et febre synocha.

SYMPTOMS.

The inflammation of the pharynx, or upper part of the œsophagus, is attended with more difficult
painful

painful deglutition than any other species of cynanche at the beginning; the seat of the inflammation is lower, and sometimes it can hardly be discerned from inspection of the fauces.

This acknowledges the same causes as the other kinds of inflammatory cynanche, and of course requires the same general treatment.

CHAP. X.

CYNANCHE PAROTIDÆA.

CHARACTER.

Cynanche parotidæa cum tumore externo parotidum, et maxillarum glandularum magno: respiratione et deglutitione parum læsis: febre synocha plerumque leni.

SYMPTOMS.

This disease, commonly known by the name of the Mumps, comes on with slight symptoms of pyrexia, and considerable swelling of the maxillary parotid glands. It is frequently epidemic, and appears to be contagious. As the swelling recedes, it sometimes attacks the breasts in females, and the testes in males.

PROGNOSIS.

There is scarce ever any danger in this disease, but when the swelling, translated to the breasts and testicles, receding, produces a considerable degree of fever, and threatens an affection of the brain, which sometimes, though very rarely, happens. In this case the danger will be in proportion to the symptoms

symptoms of congestion in the brain or its membranes, viz. fever, head-ache, furious delirium, and, in short, such symptoms as indicate danger in phrenitis.

C U R E.

The antiphlogistic regimen, adapted to the symptoms, is all that is necessary in general; but when the last-mentioned symptoms come on, we must endeavour to bring back the swelling in the breasts and testicles by warm fomentations, and proceed as in phrenitis, proportioning the evacuations, &c. to the violence of the symptoms.

C H A P. XI.

PNEUMONIC INFLAMMATIONS.

PNEUMONIA.

C H A R A C T E R.

Pyrexia; dolor in quadam thoracis parte; respiratio difficilis, tussis, febris gradus varii.

Authors have given different names to pneumonic inflammation, according to its different supposed seat. When the pleura was thought to be affected, it was called pleuritis; when the parenchymatous substance of the lungs, peripneumonia.

This distinction does not seem to be well founded, as the inflammation, in all probability, generally begins in the membranous parts; and in dissections of persons dying of peripneumony, the investing membrane of the lungs has always been found more or less diseased.

As neither the diagnostics serve certainly to ascertain the seat of the disease, nor its difference makes any considerable variation in the method of cure, I shall comprehend all the inflammations of the pleura, or lungs under the general name of pneumonia.

SYMPTOMS.

The attack always commences with a violent cold stage, and the other symptoms of pyrexia. In general, from the beginning, and always soon after, there is a violent acute pain in the side, with a dry cough; the pulse is full, strong, hard, and quick; there is great difficulty of breathing, in inspiration especially, which, in general, is increased by lying on the affected side, though sometimes the patient lies the easiest on that side: sometimes he is easiest on his back, and frequently he cannot bear any other than an erect posture; the pain commonly shoots up to the clavicle and scapula. In the progress of the disease the cough becomes moist, and the expectorated matter is various in consistence and colour, and is frequently streaked with blood. It attacks persons of all ages; but those between forty and sixty years of age are the most subject to it. Besides the three terminations common to inflammation in general, it has one peculiar to itself, and it is an effusion of blood into the cellular texture of the lungs, and this generally takes place when the event is fatal: there also frequently happens an exudation of serum from the internal surface of the pleura.

Sometimes the patients go on well for some time,

time, when (as appears very probable from dissections, and the sudden accession of bad and fatal symptoms) an effusion of lymph suddenly takes place, and they soon die suffocated. The symptoms of this event are, that in this favourable state, they are unexpectedly seized at once with an extreme difficulty of breathing, which is very quick, short, and almost impossible, except in an erect position, or inclining a little forwards. The pulse soon becomes weak, small, and quick in the extreme. To these soon accede coldness of the extremities, facies hippocratica, and death.

REMOTE CAUSES.

A certain age mentioned above; those producing synocha; winter and spring; rigid fibres, external violence, vehement exertion of the organs of respiration; sudden transitions of the weather from hot to cold; dry cold easterly winds, and translocation of gout, rheumatism, hepatitis, &c.; hyper-oxygenation of the blood, according to Dr. Beddoes.

PROXIMATE CAUSE.

Inflammation of the pleura, or parenchymatous substance of the lungs.

PROGNOSIS.

The danger is chiefly denoted by the difficulty of breathing and degree of pyrexia. A violent cough aggravating the pain, marks an obstinate disease; the cough continuing dry in the advanced stage, is an unfavourable symptom. Pain spreading from one side to the other, or passing entirely from one side to the other, denotes danger; and delirium is

always alarming in this case. When fatal, it is commonly on one of the days of the first week, from the third to the seventh; sometimes it is later. On some of the days, from the third to the seventh, it sometimes has a remission; but it is not much to be relied on, as the disease often returns with as much or more violence than before, and then with great danger. If, when the patient is going on well, he is suddenly seized with the extreme short breathing, and the concomitant symptoms described, page 51, the worst is to be apprehended, and soon. A very respectable and excellent practical writer lays great stress on the state of the respiration in this and other diseases, and certainly with great reason. He says, “*Respiratio abbreviata, et simul*
“*accelerata, ita ut inspirationes et expirationes*
“*pusillæ sint, seque cito insequantur, pessima est,*
“*licet omnia alia bona esse videantur; ea præsentē*
“*neminem vidi convalescere. Ea ita brevi cita-*
“*taque existente, utut bonus, et vix celerior natu-*
“*rali pulsus sit, nil est sperandum. Si in pleuritide*
“*inflammatoria, immo in cujuscunque visceris in-*
“*flammatione, repente respiratio curta, et celeris*
“*evadat (quo tempore pulsus multum solet emen-*
“*dari, minus celer, et debite mollis fieri) mors*
“*ostia pulsat. In cadaveribus horum reperitur*
“*inflammatio ex magna parte soluta; sero nempe*
“*copiose et subito in cavum quoddam, aut thoracis,*
“*aut pericardii, aut abdomine transudante.*” If it continues for many days, or a week, without violent symptoms, and neither advances nor recedes, a suppuration is to be apprehended: if it is pro-
tracted

tracted to the fourteenth day, without any considerable abatement, notwithstanding proper means have been employed, that event will pretty certainly take place, especially if the patient is frequently affected with slight shiverings, if expectoration has ceased, and the difficulty of breathing has increased, while the other symptoms have abated; and that it has actually taken place, we may conclude, if the pain has considerably decreased, while the cough and dyspnoea are augmented, and if the patient feels a sense of weight in the thorax; then the frequency of the pulse gradually increases, and a complete hectic is formed after the vomica has broke.

The favourable symptoms are, a permanent remission of the pain and fever, a copious free expectoration of yellow thick matter, streaked with blood; the urine depositing a copious reddish-coloured sediment; gentle sweat, or diarrhoea; bleeding at the nose; and if an erysipelatous eruption appears on the second or third day, and keeps fixed, it frequently carries off the disease.

CURE.

Here no time is to be lost; the most powerful means must be immediately used. The general antiphlogistic plan is to be pursued with the utmost diligence. Begin by bleeding largely in the arm of the side affected. From a robust male adult we should not take less than sixteen ounces from a large orifice; or if the symptoms are not relieved when that quantity is taken away, the bleeding must be continued until a syncope comes on: if the

relief is but temporary, and the violence of the symptoms recur, the bleeding must be repeated in the same day, and to the same quantity as at first. The state of the symptoms and strength of the patient must determine the future bleedings: they are more effectual in the first three days than afterwards. But if the physician should not be called in till after the fourth day, and the first bleedings shall not have been large enough, if the symptoms are violent, it will be proper to order bleeding; and urgent symptoms make it necessary at any time within the first fortnight, always having in mind the strength of the patient. In the course of the first three days a patient, such as I have described above, may safely bear the loss of four or five pounds of blood, but not more. When no more can be taken from the arm, cup and scarify as near the part affected as possible.

Notwithstanding some expectoration may have taken place early in the disease, it should not supersede the bleedings, if the symptoms are urgent; the cure must not be trusted to expectoration alone until in a more advanced stage of the disease, and until the symptoms have considerably abated. Heat must be particularly guarded against; the patient must be lightly covered in bed, and the temperature of his room should be as near 60 degrees of Fahrenheit's thermometer as possible.

Blister the part affected early, that is, after the second bleeding, and, if necessary, continue to blister different parts of the thorax near the pained part. Give plentifully of mild, diluent, demulcent, pectoral

ral liquids, moderately warm, in small quantities at a time, acidulated with vegetable acids, or impregnated with nitre or other neutral salts. Keep the body constantly open by laxatives and frequent clysters. Avoid vomiting, but give nauseating doses of antimonials, which will also promote expectoration, in the advanced stage of the disease, powerfully. When expectoration comes on, prescribe some of the following medicines :

℞. Gum. *af. fœtid.* ʒj.
Aq. menthæ sativæ ʒvj.
Syr. scill. ʒss. m. capt. *cochl.* ij. 3tia vel 4ta quaque hora.

Vel,

℞. *Lact. ammon.* ʒv.
Acet. scil. ʒss.
Syr. simp. ʒss. m. dos. *cochl.* ij.—iij.

Vel,

℞. *Acet. Colch.* ℥ss.
Mell. pur. ℥j. misce et super leni foco, sæpius agitando *cochl. lign.* coque ad mellis spissitudinem.

℞. *Hujus oxymel.* ʒj.
Aq. alex. simp. ʒx. m. capt. *cochl.* iij. 3tiis vel. 4tis horis.

Vel,

℞. *Antimon. tartarif. gr.* iij.
Ox. scill. ʒvj.
Tinct. aromatic. ʒss.
Aq. menth. sativ. ʒvij. m. capt. *cochl.* ij. 3tia quaque hora.

Vel,

℞. *Sperm. ceti (vitel. ov. trit.)* ʒss.
Tinct. tolutan. ʒj.
Aq. puræ ʒiss.
Sal. c. c. vol. gr. x.—ʒj.
Syr. tolutan. ʒj. m. f. hauſt. 3tiis horis ſumendus.

The prescriptions above, containing the volatile salt and foetid gums, must not be ventured on till the inflammatory symptoms are removed or considerably abated.

℞. Pilul. scillæ ʒj. in pil. No. xij. dividend. capt. j. vel ij.
3tiis horis.

Vel,

℞. Gum. ammon. ʒj.

Antimon. sulphur. (Kerm. miner.) gr. xij.

Pulv. aromatic. ʒj.

Syr. q. f. m. f. pilul. No. xij. capt. j. vel ij, 3tiis horis.

Vel,

℞. Rad. senekæ c. p. ʒj. coque in aquæ puræ, ℥iij. ad colat. ℥j.

℞. Colaturæ hujus ʒiss.

Tinct. canth. gtts. x.—xx.

M. f. haustus quartâ quâque horâ sumendus.

Expectoration will also be assisted by inhaling the steams of warm water impregnated with vinegar. If it should flag from weakness, volatiles and cordials are indicated.

To allay the tickling cough, often very distressing to the patient, give frequently the decoction of mallows, pectoral decoction, or almond emulsion.

℞. Amygd. decort. No. xij.

Sacch. alb. ʒss.

Gum. arab. pulv. ʒij.

Affunde sensim aq. hord. ʒvij.

Tinct. opii camphorat. ʒss. m. capt. cochl. iij. 3tiis horis.

In this stage of the disease the cough and difficult respiration, if they should continue, will be further allayed by opiates, which may be given with great safety and the best effect.

If when the patient has gone on well for some time, and is suddenly attacked with the quick, short laborious respiration, and the other symptoms described page 51, indicating a sudden and copious effusion of lymph into the cavities of the thorax, it is probable that the paracentesis of the thorax, before the lymph has had time to coagulate, might save him.

The digitalis should be given.

If a vomica forms, give the digitalis, and vomits.

If an empyema takes place, the paracentesis of the thorax, and the digitalis, must be employed.

CHAP. XII.

PLEURITIS SPURIA EPIDEMICA.

CHARACTER.

In parte sinistra thoracis, dolor; cum tussē sicca atque perpetua, capitis dolore magno, dyspnœa; pulsu frequenti, *debile*.

The disease is thus described by Dr. Home:

“ In general it came on with shivering, soon succeeded by heat; some had no cold fit, but were first attacked with heat and moisture of the skin; soon after came on a severe pain in the side, generally amongst the short ribs, which was increased by inspiration, and made breathing difficult. The part was sore upon pressure, but not swelled and discoloured; and the patient could not lie upon that side, which was always the left. A painful dry cough

cough was present, but sometimes it was attended with a small viscid expectoration; there was also a constant severe head-ache. The skin was moist, yet a sensation of cold took place, and sometimes the shivering and sweating were alternate. The tongue was a little white, but moist; there was no great thirst, and the appetite was not much impaired. Sometimes there was nausea; and the state of the body was various. The pulse was from 90 to 136 in a minute, always soft and weak, and in some it could scarcely be felt.

“ The distressing symptoms were four, and to relieve them seemed to be chief indications of cure: they were, the stitch, cough, head-ache, and want of sleep.

“ For the stitch, topical bleedings and cupping were of some use; but blisters were more effectual.

“ For the cough, a mixture of the mucilage of the gum arabic, without any acid, was of use. The Doctor thinks it is bad practice to join acids with mucilaginous medicines. Blisters to the back relieved it.

“ The head-ache was always relieved by blisters applied to the temples.

“ To promote sleep the following draught was given at bed time, but the patient had a bad night:

℞. Antimon. tartar. gr. fs.

Aq. fontan. ℥iss.

Tinct. opii gtts. xx. m.

Had the quantity of opium been increased, and the pediluvium been used at the same time, it probably might have answered the intention.

“ It

“ It is of consequence to distinguish this disease from the pleuritis vera, which an attention to the state of the pulse, and the absence of febris synocha, will clearly point out, as the methods of cure for the latter disease might, in the former, endanger the patient's life.”

Dr. Gregory mentions the spurious pleurisy, but it varies much from the one just described; for he says “ it is known by the want of cough, or its continuing without any expectoration; that, added to the foreness upon pressure, there was often external tumour and redness.”

Queries. May they not both be rheumatic affections?—What is the pleuritis spuria of Boerhaave?

CHAP. XIII.

PERIPNEUMONIA NOTHA, or BASTARD PERIPNEUMONY.

SYMPTOMS.

It appears most frequently in the spring and autumn, when there are sudden changes of weather from hot to cold, and when catarrhal complaints prevail; and under the form of this disease they frequently prove fatal to old people. It comes on with alternate heats and chills; sometimes symptoms of pyrexia are evident, but in general they are very moderate, or hardly appear at all; there is cough, attended with expectoration, which soon becomes very frequent, with great head-ache, and the violence of the cough often excites vomiting; the face

face is flushed, and the patient giddy or drowsy. A sense of straitness in the chest is perceived, with obscure obtuse pains; respiration is difficult and wheezing; and there is a general lassitude. Sometimes it makes its appearance in the form of catarrh, and is terminated by copious expectoration. In some cases the fever and cough are very moderate at the first, but in a few days the symptoms suddenly become violent, and carry off the patient when little danger was indicated.

REMOTE CAUSES.

Particular seasons of the year; spring and autumn; cold, damp weather, and sudden changes of it; preceding pneumonic complaints, and catarrh; causes determining to the lungs, and advanced age.

DIAGNOSIS.

It will be distinguished from pneumonia by the absence of synocha; by the pain in the side being absent, or in less degree; and from asthma by the dyspnœa being less, and not being subject to nocturnal paroxysms like that disease.

PROGNOSIS.

When violent pyrexia comes suddenly on in the course of the disease, it is attended with great danger.

CURE.

In case there is considerable pyrexia, and the dyspnœa and cough are violent in the beginning, bleeding will be necessary: when these symptoms are not urgent, it will be improper, and may do harm. The chief remedies are, blistering different parts of
the

the thorax in succession, and full vomiting, which may be frequently repeated: the expectorating medicines, p. 55 and 56, will be proper.

Purging seldom produces good effects in pneumonic complaints; but gentle laxatives by the mouth, and in glysters, are very necessary, and medicines causing a determination to the skin without heating, such as antimonials in nauseating doses, and neutral salts.

R. Infus. fennæ ℥v.

Ol. olivar. (in vit. ov. solut.) ℥j.

Tinct. fennæ ℥ss. m. capt. cochl. ij. omni bihorio donec respondeat alvus.

The bowels must be kept open with medicines of this kind, and laxative clysters should be thrown up every or every other day. Heat and cold must be equally avoided.

The diet must be low at the first, and, as the disease advances, it must be adapted to the symptoms and strength of the patient.

Inflammations of the heart, pericardium, mediastinum, and superior surface of the diaphragm, require the same general treatment as other pneumonic inflammation. When the heart or pericardium is the seat of the disease, it will be known by the syncope and palpitation that always attend; and, in proportion to the importance of the organ, we must be diligent in the application of the means of cure.

*Of INFLAMMATIONS of the ABDOMINAL
VISCERA.*

CHAP. XIV.

*Of GASTRITIS, or INFLAMMATION of the
STOMACH.*

CHARACTER.

Pyrexia, typhodes; anxietas, in epigastrio ardor et dolor, ingestis quibuscumque auctus; vomendi cupiditas, et ingesta protinus rejecta; singultus.

Of this disease there are two species, the Phlegmonic and Erythematic: the first is seated in the nervous coat, or peritoneum, investing it; and the second is always found to be in the villous coat, and adjacent cellular texture.

SPECIES I.

Gastritis phlegmonodea, dolore acuto, pyrexia vehementi.

SYMPTOMS.

Pyrexia, acute pain, burning heat, and tension in the region of the stomach, hiccough, and anxiety; nausea and vomiting, especially after taking any thing into the stomach, which circumstance also increases the pain. The pulse is hard and small, and there is a greater prostration of strength than
in

in any other inflammation. The extremities are generally cold.

REMOTE CAUSES.

All those that produce inflammation in general—repelled exanthemata, gout, acrid ingesta, cold water drunk when the body is violently heated, and acrid contents of the stomach.

PROGNOSIS.

If the symptoms, without being very violent, do not abate after the fourth or fifth day, and if then the pain becomes less, if the pulse is less frequent, and if the patient at the same time has frequent rigors or shiverings, suppuration is to be apprehended; always highly dangerous, and often fatal. If after violent pain, and other violent symptoms, the pain suddenly ceases, while the pulse increases in frequency, sinks, and becomes irregular, with increased debility, a gangrene may be feared, which is fatal.

CURE.

The resolution of the inflammation, so desirable an event in all internal inflammations, must be attempted by large and repeated bleeding; the smallness of the pulse must not deter us from this necessary measure, for after bleeding it generally becomes smaller; then apply a large blister upon the pained part, foment the abdomen well, order pediluvia, and frequent laxative, emollient clysters. The irritability of the stomach, in general, will not admit of any medicines being given by the mouth; very mild cooling liquids may be tried in very small quantities, and the following :

R. Sal.

℞. Sal. nitri gr. v.

Muc. gum. arab. ʒij.

Aq. fontan. ʒj. m. f. haust.

Vel,

℞. Mist. camph. ʒj.

If the disease depends upon acrid ingesta, or acrid contents of the stomach, they must be diluted and evacuated by mild diluents and demulcents; if the nature of the acrimony can be ascertained, and its proper corrector, this must be given; and if not, some general demulcents, and a solution of fixed alkaline salt, or liver of sulphur.

If poison has produced it, some quick acting vomit must be given, such as the blue vitriol; and if the poison is suspected to be some metallic salt, the solution of kali must be given, or the liver of sulphur.

Till evacuations have been made, and the violence of the inflammation shall have abated, opiates are supposed to be hurtful; but after those circumstances shall have taken place, they may be given in clysters, and saline draughts. Topical bleeding by leeches and cupping should also be ordered in the beginning.

SPECIES II.

Gastritis erythematica, dolore et pyrexia lenioribus; rubore erysipelatofo in faucibus apparente.

SYMPTOMS.

Unusual sensibility to every thing acrid, frequent vomiting, some degree of pain in the stomach, anxiety, anorexia, thirst, and quick pulse; and sometimes

sometimes an erythematic inflammation may be perceived in the fauces. This disease frequently runs through the whole intestinal canal, causing in the stomach the symptoms just described; in the intestines, diarrhœa; the vomitings and other stomatic symptoms ceasing upon its coming on.

REMOTE CAUSES.

The general causes of erythema, acrid ingesta, and preceding diseases.

DIAGNOSIS.

It will be distinguished from gastritis phlegmonodea by its being attended with a less degree of tension, heat, and pain, in the region of the stomach; by a consideration of preceding circumstances, and often by the erythema being visible in the fauces.

PROGNOSIS.

The danger in this case will be proportionate to symptoms indicating debility or putrescency: it is seldom to be apprehended from the inflammatory ones.

CURE.

The indications of cure will of course vary with the difference of the causes and symptoms. If the disease arises from acrid ingesta, or acrid contents of the stomach, they must be removed, and corrected by the means mentioned, p. 64. If much inflammation is present (a rare circumstance in this case) it will be known by the degree of pyrexia, attendant heat, and pain, and then the measures advised in gastritis phlegmonodea must be pursued, proportioned to the degree of these symptoms.

If it attends putrid diseases, convalescents from fever, or puerperal women, which is not unfrequently the case, bleeding must be avoided, and we are to give such mild acescent food as the stomach will be found to bear. Though the bark, and other antiseptics are here indicated, the state of the stomach will not generally allow them to be given by the mouth; they must be thrown up by clyster, and must, however, be tried even by the mouth in small and frequent doses.

CHAP. XV.

Of ENTERITIS, or INFLAMMATION of the INTESTINES.

CHARACTER.

Enteritis phlegmonodea, dolore acuto; pyrexia vehementi; vomitu, et alvo adstricta.

SYMPTOMS.

Fixed pain in the abdomen, with heat, tension, obstinate costiveness, vomiting, borborigmi, and considerable pyrexia. The pain often spreads over the whole abdomen, but it is most frequently confined to the umbilical region; the abdomen is very sore to the touch, and there are generally some spasmodic constrictions of the abdominal muscles.

REMOTE CAUSES.

All those producing gastritis; cold applied to the lower extremities or abdomen, incarcerated hernia, volvulus, violent exercise on horseback, stricture, and colic.

DIAGNOSIS.

DIAGNOSIS.

The inflammation of the intestines will be distinguished from spasmodic, flatulent, and other species of colic, by the pain being constant, by the great heat, by the state of the pulse, and other general symptoms of inflammation.

PROGNOSIS.

The probable issue of this disease will be understood from what was said in the prognosis of gastritis.

CURE.

The cure of enteritis is to be attempted by the same general means as were employed in gastritis; but we can in this case introduce medicines more readily by the mouth. Cooling acidulated liquids will be proper; laxatives, cooling laxative clysters frequently injected; fomentation of the abdomen, leech-cupium; blisters to the part; and sometimes the sudden application of cold water to the abdomen has a good effect. Opiates are to be given with the restrictions mentioned in gastritis.

Some authors advise calomel, and cathartic medicines, to procure evacuations by stool. This practice is, I think, highly dangerous and improper; for till the inflammation is removed by bleedings, &c. whatever stimulates the intestines must increase the pain and inflammation. What is the cause of the obstruction and retention of the fæces? the inflammation surely: the only method then of procuring an evacuation is to remove the inflammation as soon as possible, by a diligent use of the means pointed out.

CHAP. XVI.

HEPATITIS, *or* INFLAMMATION *of the*
LIVER.

Of this disease there are two species—the acute and chronic.

I. Hepatitis acuta, pyrexia; hypochondrii dextri tensio et dolor; sæpe pungens pleurici instar, sæpius obtusus; dolor ad claviculam et summum humeri dextri; decubitus in sinistrum latus difficilis; dyspnœa; tussis sicca; vomitus, singultus.

SYMPTOMS.

This disease begins with the general symptoms of pyrexia, which is commonly present in a considerable degree, and is attended sometimes with a pungent, violent, but more frequently an obtuse pain in the right hypochondrium; in many instances it resembles the pain in the pleurisy, shooting upwards to the clavicle and top of the shoulder; there are also cough, dyspnœa, cardialgia, hiccough, sickness, bilious vomiting and stools; with a yellow tinge in the face and eyes. Frequently the pained part is sore to the touch.

The patient cannot bear to lie on the left side, as that circumstance greatly increases the pain.

The symptoms vary with the part of the liver inflamed; if it is the convex or superior surface, the pain is generally more pungent, there is more hiccough, cough, and dyspnœa; if the concave or inferior, the pain is less, but the sickness, anxiety, cardialgia, and thirst, are greater.

REMOTE

REMOTE CAUSES.

All those producing inflammation; scirrhus tumours in the liver, injuries from external violence, biliary concretions in the gall bladder or biliary ducts, and some hot climates, as certain parts of the East Indies.

DIAGNOSIS.

It will be distinguished from pneumonia by the pain being less acute, and in general by its seat; by the difficulty and pain that always attends lying on the left side; by the pulse being less hard, and the cough and dyspnoea being less considerable; and by the bilious vomiting; and in many cases by the colour of the skin.

PROGNOSIS.

The danger will be proportionable to the tendency to gangrene or suppuration; the symptoms which will be known from what has been said of the signs of these terminations in the other visceral inflammations. When the inflammation is in the convex parts, an adhesion is frequently formed between the liver and peritonæum lining the common integuments of the abdomen; and in case of suppuration the matter points outwards, is thence discharged, and the patient recovers; if there is an adhesion to the diaphragm, the pus, in case of suppuration, may pass into the cavity of the thorax into the lungs, and thence be thrown up by coughing; if adhesions are formed on the concave face, it may be discharged into the stomach and intestines, and will be evacuated by stools or vomiting;

miting; if a suppuration takes place on its surface without any adhesion, it must be discharged into the abdomen.

An hæmorrhage from the right nostril, or hæmorrhoidal veins, or a bilious diarrhœa, sometimes terminates the disease.

CURE.

The general antiphlogistic plan must be pursued, by bleedings, general and topical, according to the urgency of the symptoms; order blisters to the part affected, fomentations of the right hypochondrium, frequent emollient, laxative clysters and medicines, and pediluvia.

The body must be kept cool by refrigerant diluent liquids, and cooling medicines, such as neutral salts, and nauseating doses of ant. tartarizat.

If suppuration comes on, and points outwards, it must be forwarded by poultices and fomentations.

In the East Indies this is a frequent disease, and the general practice there is, to excite a salivation by rubbing in the ung. hydrargyr., premising bleeding and some purgatives.

CHAP. XVII.

HEPATITIS CHRONICA.

CHARACTER.

Hæc sæpe nulla quibus diagnoscaturn signa præbet; aliquando tamen eadem adesse suspicari potest, ex hepatiditis causis quibusdam prægressis; ex
sensu

sensu quodam plenitudinis et gravitatis in hypochondrio dextro, ex doloribus plus minusve pungentibus in eadem parte subinde perceptis, ex dolore quodam a pressu hypochondrio dextro, vel a decubitu in latus sinistrum sentito, et denique ex pyrexia leviori cum dictis signis subinde infestante.

This disease may be known, by the symptoms described above, in the learned and accurate Cullen's nosological character of it. It is certainly not a true inflammatory disease, and is most likely to be cured by mercurial purges, by rubbing mercury into the region of the liver, or by repeated blisters to the part, and giving mercury internally.

CHAP. XVIII.

SPLENITIS, *or* INFLAMMATION *of the* SPLEEN.

CHARACTER.

Pyrexia; hypochondrii sinistri tensio, calor, tumor, et dolor pressu auctus; absque signis nephritis.

This disease will be known from the above character of it, and must be treated in the same manner as hepatitis.

CHAP. XIX.

NEPHRITIS, *or* INFLAMMATION *of the*
KIDNIES.

CHARACTER.

Pyrexia; dolor in regione renis, sæpe ureteris iter sequens; mictio frequens urinæ, vel tenuis decoloris, vel ruberrimæ; vomitus, cruris stupor, testiculi ejusdem lateris retractio aut dolor.

SYMPTOMS.

Pyrexia; obtuse, sometimes pungent, or acute pain in the region of the kidneys, which is not so much increased upon motion as in the lumbago, and its shooting along the course of the ureter is a pathognomonic system; there is generally a retraction of the testicle, with a numbness of the thigh of the side affected.

There is a frequent desire of making water, which comes away in small quantities, most frequently of a deep red colour; but in violent cases it is colourless.

Frequent vomiting, pain in the intestines, and costiveness, also accompany this disease.

REMOTE CAUSES.

Those producing inflammation in general; injuries from external violence, such as wounds, contusions, violent exercise on horseback, or in carriages in rough roads; calculi; violent stimulating diuretics, and hardened feces in the colon.

DIAGNOSIS.

DIAGNOSIS.

The frequent desire of making water, and shooting pain in the course of the ureter, attended with the other symptoms, will sufficiently point out this disease.

PROGNOSIS.

Danger in this case will be foreseen from an attention to what has been already said on the subject of the other visceral inflammations. If there is a dysuria, with delirium, the greatest danger is to be apprehended, and a colourless state of the urine marks a violent disease.

CURE.

Order bleeding and the general antiphlogistic regimen, fomentations of the region of the kidneys, warm bath, frequent emollient laxative clysters, the free use of mild demulcent liquors, and lenient opening medicines.

Blisters have been forbid in this case from an apprehension of bad effects from the stimulating qualities of the cantharides. But from some experiments of Dr. Home, and others, (and, I can add, my own experience), it appears that sprinkling the surface of the blisters with camphor will prevent any irritation of the kidneys; and I have great reason to think that they may be applied to the region of the kidneys here with great advantage and safety.

If the disease depends upon hardened fæces in the colon, they must be softened and expelled by the diligent use of emollient laxative clysters and medicines;

if

if upon direct stimuli from calculus, &c., opiates may be more freely prescribed.

CHAP. XX.

CYSTITIS, *or* INFLAMMATION *of the* BLADDER.

CHARACTER.

Pyrexia; hypogastrii tumor et dolor; mictio frequens dolorifica, vel ischuria; tenesmus.

This is seldom a primary disease; when it occurs, it may be known by the above character, and it must be treated in the same manner as nephritis, except that we should not give liquids in large quantities for fear of irritating or distending the bladder.

CHAP. XXI.

RHEUMATISMUS.

There are two species of rheumatism—the acute and chronic.

SPECIES I.

Rheumatismus acutus, morbus ab externa et plerumque evidente causa; pyrexia, dolor circa articulos, musculorum tractum sequens; genua et reliquos majores, potius quam pedum vel manuum articulos infestans, calore externo auctus.

SYMPTOMS.

Pyrexia, acute pains in various parts of the body, which sometimes come on before the fever; they frequently

frequently shift and shoot along the course of the muscles: they are always increased at night in bed, and the least motion gives the most excruciating pain: the part is often very tender and generally swelled and red. The blood is always fizy, the urine high coloured, and, upon an abatement of the symptoms, it generally deposits a lateritious sediment, and the patient is commonly costive.

REMOTE CAUSES.

Plethora; cold or variable weather; spring and autumn; sudden application of cold when the body is heated; cold caught during a mercurial course; removal from a cold to a warm climate.

THE PROXIMATE CAUSE

Is an inflammation of the membranes, and tendinous aponeuroses of the muscles.

Query. What is the nature of rheumatic inflammation?—It is specifically different from inflammation in general, because it never terminates in suppuration or gangrene; but sometimes a serous effusion takes place.

DIAGNOSIS.

This disease will be distinguished from the gout by the pain shooting along the course of the muscles; its not being preceded by the dyspeptic symptoms, generally the antecedents of the latter complaint; its appearing most frequently in cold weather; and by an attentive consideration of the collateral circumstances.

CURE.

CURE.

In the first place, endeavour to remove the inflammatory diathesis by the antiphlogistic regimen; by bleeding and purging in proportion to the urgency of the symptoms and strength of the patient, recollecting, however, that too large evacuations will make the recovery tedious, and may change the disease into the chronic rheumatism. However, we are often obliged to repeat the bleeding and purging frequently, and push them to a great length, as the inflammatory diathesis is in this case very obstinate, and difficult to subdue. A diaphoresis must be promoted by what does not heat.

℞. Aq. ammoniæ acetatæ
 Aq. menthæ sativ. āā ʒj.
 Spt. æther. nitros. ʒj. m. f. hauft. 4tis horis sumend.
 Vel,

℞. Antimon. tartaris. gr. iij.
 Aq. puræ ʒv.
 Syr. simp. ʒij. capt. cochl. ij. vel iij. 4ta quaque hora.

Give diluting cooling liquids, and laxatives.

℞. Kali tartarifat. ʒiss.—ʒiij.
 Aq. puræ ʒiss. m. f. hauft. capt. mane primo diebus alternis.
 Vel,
 Magnes. vitriol. ʒvj.—ʒj.

Make topical evacuations by leeches, cupping, and blistering; but the latter remedy should not be employed, till the pain becomes in some degree fixed. Rubefacients are useful. When the inflammatory diathesis is removed, give the bark, and an opiate at bed time may then be ventured on with advantage.

CHAP. XXII.

SPECIES II.

RHEUMATISMUS CHRONICUS.

CHARACTER.

Post rheumatismum, nifum violentem vel sub-
luxationem; dolores artuum vel musculorum, sub
motu præfertim aucti, plus, minusve fugaces; ca-
lore lecti, vel alio externo, levati; artus debiles, ri-
gidi; facile et sæpe sponte frigescentes; pyrexia
nulla; tumor plerumque nullus.

SYMPTOMS

Are wandering or fixed pain in the limbs, large
joints, or loins, which are chiefly felt upon motion;
rigidity, and sense of cold in the part affected, no
fever.

REMOTE CAUSES.

Preceding acute rheumatism, and all the causes
producing inflammatory rheumatism; except in-
flammatory diathesis.

PROXIMATE CAUSE.

Atony, rigidity, and contraction of the muscular
fibres and extreme vessels.

Is acrimony or lentor ever the proximate cause
of chronic rheumatism?

CURE.

The general curative indications are to restore the
activity and vigour of the parts affected, and sys-
tem in general. Supporting the heat of the part
by covering it with flannel or fleecy hosiery, and
increasing

increasing it by stimulating applications, such as the following :

℞. Ol. olivar. opt. ℥ij.
Liquor. vol. c. c. ℥iij.
Camphor. ℥j. m. f. liniment. quo illinetur part. affect.
ter in die.

Vel,

℞. Camphor. ℥j. solve in
Ol. terebinth. ℥ij.
Sal. c. c. gr. xv.
Pulv. sem. cymin. ℥ij. dein adde
Ung. nervin. ℥ss.
Sapon. com. nig. ℥j. m. f. linimentum extende super
alutam, et part. dolent. applicet. et repet. 3tio quoque
die.

Vel,

℞. Antimon. tart. ℥ss.
Aq. puræ ℥viiij. m. f. solutio, quâ fricentur partes do-
lentes sæpe.

Perspiration must be promoted, for which purpose the parts should be diligently rubbed with a flesh brush night and morning, and give the following medicines :

℞. Rad. raphan. rust. incif.
Sem. sinap. contus. āā ℥iv.
Aq. bullient. ℥iv. Macera in vas. claus. per horas 24.
capt. ℥iij. vel ℥iv. ter in die.

Or the raphanus may be given in substance, in large quantities, in the following manner, recommended by Bergius :—Cut it into small pieces, without bruising it, and let the patient swallow a table-spoonful every morning without chewing it. This, continued for three weeks or a month, is a powerful remedy.

The sulphur water, p. 86, is very useful.

The rhododendron crysanthemum Lin. has been lately recommended.

℞. Rhodod.

- ℞. Rhodod. crysanth. ʒss. macera in
Aq. bullient. ℥ss per horas tres.
Tinct. aromatic. ʒss. m. capt. dimidium n. f. et. residuum
mane sequent.

This generally produces considerable vertigo at the first; it increases perspiration and the urinary discharge. It should be continued for some time; and the rhod. crysanth. may be gradually augmented to a drachm in half a pint of the infusion.

Vel,

- ℞. Gum: guaic. pulv. ʒj.—3j.
Muc. gum. arabic. q. f.
Decoct. hordei ʒij. m. f. haust. ter die sumendus.

Vel,

- ℞. Tinct. guaic. ammoniat. ʒj. capt. gtts. xx.—xxx.—Lx;
in aq. hord. cyatho bis die.

Vel,

- ℞. Pulv. ipecac. comp. ʒj.
Syr. q. f. m. f.
Bol. h. f. cum. regimine sumendus.

Vel,

- ℞. Ol. terebinth. ʒij.
Mell. opt. ʒj. m. f. linct. capt. cochl. j. parv. omni mane
et vespere superbib. haust. potus communis tepid.

If these medicines fail, a course of mercury so conducted as not to affect the mouth should be tried, and will generally succeed.

Recommend the warm bath, Buxton bath and waters, and gentle exercise.

For obstinate sciatica the last mentioned linctus, and the liniment, with the camphor. ol. terebinth. p. 78, are particularly serviceable.

People subject to rheumatism should be advised to wear flannel or callico waistcoats under their shirts in the winter.

CHAP. XXIII.

ODONTALGIA, *or* TOOTH-ACHE.

For the tooth-ache extraction is the best remedy; but under some circumstances it may be improper, and frequently it will not be submitted to, and we must then attempt to give relief by other means. Destroying the nerve in a hollow tooth will remove the pain; this may be done by the actual or potential cautery. Apply lint pills imbued with ol. origani, spirits of wine and camphor, or laudanum, or an opium pill to the hollow of the tooth, or fill it with gold, gum mastic, or wax. Smoaking or chewing tobacco, when it can be done without material inconvenience to the stomach, may be advised, and will often afford relief.

Let the following liniment be rubbed in behind the ear, and upon the lower jaw and cheek:

℞. Ol. olivar. opt. ʒj.
 Camphor.
 Tinct. opii. āā ʒij. m.

Or apply æther in the same manner, or a blister behind the ear. Topical bleeding does not give much relief.

CHAP. XXIV.

PODAGRA, or GOUT.

There are four species of the gout; one regular, and three irregular, called the Atonic, Misplaced, and Retrocedent.

The REGULAR GOUT.

CHARACTER.

Morbus hæreditarius, oriens sine causa externa idente, sed præeunte plerumque ventriculi affectione insolita; pyrexia; dolor ad articulum, et plerumque pedis pollici, certe pedum et manuum juncturis, potissimum infesta; per intervalla revertens, sæpe cum ventriculi, vel aliarum internarum partium affectionibus alternans.

SYMPTOMS.

Sometimes it comes on without any previous notice, but in general it is preceded by the following circumstances:—In people who have sweaty feet the discharge stops; there is an unusual coldness in the feet and legs, a frequent numbness, with a sense of pricking, and frequent cramps in them, and an unusual turgidity in the veins. The patient is affected with a heaviness and languor, and the functions of the stomach in particular are more or less disturbed; the appetite is impaired, and there are other dyspeptic symptoms present. When the fit comes on, which it generally does, for the first time, about January, it begins with a pain in the first

G

joint

joint of the great toe about two or three o'clock in the morning, accompanied with some degree of shivering; this ceases as the pain increases, and is succeeded by a hot stage of pyrexia, which continues as long as the pain; the latter becomes gradually more violent, and remains in this state, with great restlessness, till next midnight, then gradually remits, and, after continuing twenty-four hours, it generally ceases entirely, a gentle sweat comes on, and the patient sleeps. In the morning the part affected is found red and swelled. For some days there are returns of pain and fever in the evenings, and after this period the disease in general goes off, not to recur for a long time. After the fit the person enjoys perfect health and alacrity, and is better than he has been for a long time before. At the beginning it returns only once in three or four years; but the attacks being gradually more frequent, become annual; at length they occur twice a year, and at last several times during the autumn, winter, and spring, so that the patient has scarce any respite from the complaint, but for two or three months in the summer. When the fits go off, the parts itch much, the cuticle suffers a desquamation, and a lameness is left, which is in proportion to the severity and duration of the disease. In time the joints become spoiled, and so much weakened as not to recover their tone, chalky concretions are formed upon them, and gout becomes aggravated with the addition of nephritic affections.

A regular fit of the gout frequently removes
several

Several complaints that the patient had before been subject to, such as epilepsy and other nervous disorders, intermittent fevers, dropsy, asthma, nephritic and dyspeptic complaints; and it is often vicarious to these diseases.

The predisposing causes are,

An hereditary disposition, early venery, plethoric habit, irritable nervous system, the acme or decline of life.

The exciting causes are,

Indulgence in eating, stimulating food, fermented liquors and acids, sudden alteration of the mode of living, neglect of proper exercise, suppressed accustomed evacuations, violent fatigue from walking, tight shoes, immoderate study, and late hours; sudden application of cold to the body when it is much heated, and costiveness.

PROXIMATE CAUSE.

Supposed to be a loss of tone in the extremities of the system, while it is in a vigorous, plethoric state, the energy of the brain being unimpaired.

DIAGNOSIS.

The gout is distinguished from rheumatism by the pain being more confined to the joints of the extremities: it is less apt to shift, and when it does, it is generally into the corresponding limb, or some of the internal parts. The pains are more generally attended with redness and swelling. The general system, and the alimentary canal in particular,

are more affected prior to the paroxysm. We must assist our judgment also by an attention to predisposition, and other antecedents.

PROGNOSIS.

There is no immediate danger while the gout is in the limbs ; but great, when the head or stomach is the seat of the complaint.

CURE.

The indications of cure are two :

1. In the intervals, to prevent a return of the paroxysms, or to render them less violent.
2. In the paroxysms, to moderate their violence, and shorten their duration as much as can be done with safety.

The treatment in the intervals.

It seems very probable that the gout might be radically cured by a total abstinence from animal food, fermented, or spirituous liquors, and the constant use of bodily exercise ; but this regimen is only admissible while the vigour of the system is yet entire, for when the constitution has been worn down by repeated attacks, it would be improper, and even dangerous.

When it can be safely adopted, a milk diet, with the farinacea, will be the best. All the exciting causes must be carefully avoided.

Many boasted specifics have been held out to the credulous sufferers, which have either failed in removing the disease, or produced bad consequences. Amongst these, the Portland powder has held a distinguished

distinguished place; and in general, when it has been regularly taken according to the directions, it has prevented a return of the gout, but the patients have been seized with apoplexy, dropfy, palsy, or asthma. Upon the whole, the prevention will be best obtained by the following means:

By avoiding the exciting causes, and whatever will debilitate the system. By constant, moderate, and daily exercise: low diet, abstinence from fermented or spirituous liquors, moderate warmth, keeping the body open, and strengthening the stomach and system by the following medicines:

℞. Pulv. rhab.
 Sapon. venet. āā 3j.
 Aloës focotorin.
 Myrrhæ pulv. āā 3ss.
 Ol. carui gtts. xv.
 Syr. e cort. aurant. q. s. m. f. mass. in pilul. No. xxxvj.
 dividend. quarum sumt. æger iij. vel iiij. nocte h. s.
 bis terve in septimana.

℞. Quassia lign. 3ij.
 Aq. fervent. ℥bj. macera per horas 24 et cola.
 ℞. Hujus colatur. 3iss.
 Tinct. cinamom. comp. 3j.
 Pulv. rhab. gr. vj. m. f. haust. ter in die sumend.

Vel,

℞. Decoct. cinchon. 3iss.
 Tinct. gentian. comp.
 Syr. e cort. aurant. āā 3j.
 Pulv. rhab. gr. vj. m. f. haust. ter die sumend.

Vel,

℞. Cinchon. flav. 3j.
 Cort. aurant. 3ss.
 Sem. cardamom. contus. 3j.
 Aq. fervent. ℥bj. macera et cola.

℞. Hujus infusionis ꝑiss.—ꝑij.

Pulv. rhab. gr. iv. m. f. haust.

Vel,

℞. Infus. amar. simp. ꝑvj.

Tinct. cinam. comp.

Vin. ferri aa ꝑss. m. f. mist. capt. cochl. iij. ter die.

Vel,

℞. Rubigin. ferri,

Conf. cort. aurant. aa ꝑj.

Syr. aromatic. q. s. m. f. elect. capt. nuc. mosch. magnitud. ter die superb. haust. quassia supra præscript.

Alkalies, in various forms, are proper, such as the fixed alkali, both mild and caustic; lime water, soap, and the absorbent earths. Aloetics joined with soap, and rhubarb (as in the prescription, p. 85.) are proper purgatives. The sulphur water has been much recommended.

℞. Sulphur. pulv. subtiliss. ℥j.

Aq. fervent. cong. j. stet per dies quatuor, et bene agitetur ter quaterve in die: tunc effunde liquorem pro usu. Dof. ℥ss. mane quotidie, hora una ante jentaculum.

Treatment in the paroxysms.

The antiphlogistic regimen will be proper, with these exceptions—bleeding must be prescribed with caution; cold must not be applied; and if the tone of the stomach is weak, if the patient has had frequent attacks, and has been in the habit of drinking much wine or spirits, a moderate use of these must be allowed, and some animal food. In the young and strong, one bleeding in the arm may be ventured upon, and is practised in the beginning with advantage, but it must not be repeated;

leeches

leeches may sometimes be applied to the inflamed part; but we must avoid warm bathing, poulticing, blistering, or any other application, except the leeches, least it should repel the disease. The parts must be wrapped in new-combed wool, and when the violence of the symptoms is abated, and they return, so as to occasion restless uneasy nights, opiates may be given with great safety and advantage to those in advanced life especially, and who have often had fits of the gout.

The stiffness and swelling are to be removed by diligent use of the flesh brush, gentle motion of the parts, and the Buxton and Bath waters used on the spot.

Purging immediately after the fit will be very likely to bring it on again.

CHAP. XXV.

Of the ATONIC GOUT.

CHARACTER.

Podagra atonica cum ventriculi vel alius partis internæ atonia, et vel sine expectata aut solita artuum inflammatione, vel cum doloribus artuum tantum et fugacibus, et cum dyspepsia vel aliis atoniæ symptomatibus, subito sæpe alternantibus.

SYMPTOMS.

In the atonic gout there is no inflammation in the joints, frequently no pain, and when there is, it is slight and wandering; the appetite is impaired, and the stomach is much affected with nausea, flatulency, acid eructations, uneasy pains, and indigestion.

tion. In general the patient is costive, but sometimes has a diarrhœa, with pains in the intestines; at other times the thoracic viscera are affected, producing palpitation, syncope, and asthma; and sometimes the encephalon, causing cephalalgia, vertigo, apoplectic, and paralytic affections.

The cure of the atonic gout is to be attempted by avoiding whatever may debilitate, and by strengthening the system in general, and stomach in particular. Advise exercise on horseback, and moderate walking; and cold bathing may be safely employed in the absence of the symptoms, and when the extremities are not threatened with pain.

Some animal food must be allowed, for in general, in this case, the constitution will not bear the low milk diet recommended for the radical cure of regular gout. The most acescent vegetables, and, in general, all acids, are to be avoided, and new bread commonly disagrees. A little wine of the least acescent quality may be allowed; but if it generates acid, spirit and water, in small quantities, must be substituted.

Proper medicines for keeping the body open, and strengthening the system and stomach, are prescribed, p. 85 and 86. Iron is here a very proper tonic, and rust, in fine powder, seems the best preparation. It may be given in the form ordered, p. 86. In case the indigestion should be a troublesome symptom, frequent gentle emetics will be serviceable, and costiveness must be prevented. Issues are useful, and cold must be particularly guarded against, and Bath may be recommended.

CHAP. XXVI.

Of the RETROCEDENT GOUT.

CHARACTER.

Podagra retrograda, cum inflammatione artuum subito retrocedente, et ventriculi, vel alius partis internæ, atonia mox infecuta.

SYMPTOMS.

In the second species of irregular gout, called the retrocedent, pain and inflammation attack the joints, but without attaining the usual height, remaining the accustomed time, or receding gradually; they suddenly cease, while some internal part becomes immediately affected.

If it is the stomach, sickness, vomiting, violent pain, with a sense of coldness and anxiety, come on; if the heart, syncope; if the lungs, pneumonic symptoms or asthma; and if the head, apoplexy or palsy.

CURE.

When it attacks the stomach, relief is to be instantly attempted by the free use of strong wines, impregnated with aromatics, and given warm; and if these do not procure it, ardent spirits must be given in a large dose, or order the following, which frequently gives instant relief:

R. Æther. vitriol. 3j.

Aq. menth. piper. ʒiſs. m. f. haust.

or hot brandy and water, made with equal parts of each, in small quantities at a time, with six, ten, or twenty

twenty drops of laudanum, which must be repeated at short intervals till relief is procured. The region of the stomach should also be fomented with hot brandy and laudanum.

But sometimes it happens that the stomach will not retain any thing, not even the hot brandy and water, or even brandy and laudanum, which will stay on the stomach if any thing will. In this case, the region of the stomach must be well fomented with hot brandy and laudanum, or laudanum alone, and laudanum in warm brandy and water must be thrown up the rectum. This will frequently quiet the vomiting, and give an opportunity of throwing the proper remedies into the stomach.

In moderate cases the following will often be sufficient :

℞. Gum. asæfoetid. ʒj.

Aq. puræ ʒv. solve et adde

Sal. c. c. vol. ʒj. — ʒj. m. capt. cochl. iij. urgenti dolore.

Vel,

℞. Misturæ camphor. ʒv.

Spt. ammoniæ comp. ʒij.

Tinct. opii ʒj. dos. cochl. amp. iv. urgent. symptomat.

Vel,

℞. Elect. thebaic. Phar. Edin. ʒss.

Aq. menthæ piper.

————— sativæ āā. ʒiv. m. capt. cochl. iv. amp. urgent. symptomat.

Vel,

℞. Conf. aromat. ʒij.

Ol. cinam. (paul. sacch. trit.) gtts, iij,

Aq. menth. pip. ʒv.

Tinct. aromat. ʒss.

Sal. c. c. v. ʒij. m. sum. cochl. iij. amp. urgent. dolor.

Musk

Musk is useful here, but it must be given in large and repeated doses, from grs. x. to ʒj. If the attack of the stomach is attended with much vomiting, this may be encouraged by giving warm wine, at first mixed with water, and afterwards alone, having at length recourse to some of the medicines prescribed, p. 90; and opium is particularly indicated.

There is sometimes great quantities of bile in the gastric system, which will be known from its being brown up in vomiting, and from the tongue, and in many cases from the colour of the skin in the face; and it will then be proper to dilute plentifully with weak wine and water, or water-gruel, or thin broth; and it will be proper to carry it downwards also, as soon as the stomach is quieted; I have found the following answer this intention very effectually:

℞. Opii pur. gr. iv.
Calomel. gr. vj.
Syrup. q. s. m. f. pil. iv.
Sumat. unam tertiis, vel quartis horis.

Or the following, which the stomach will sometimes retain better than any thing.

℞. Magnes. vitriol. ʒj.
Aq. menth. sativ.
—— pip. āā ʒij.
Tinct. rhab. ʒij.
M. sumat. cochl. ij. secundâ quâque horâ donec alvus sæpe responderit.

If the intestines are affected, producing pain and diarrhœa,

diarrhœa, give plenty of warm broth, and then opiates.

If the lungs are affected, producing asthma, order opiates, antispasmodics, and blisters to the back and breast.

If the head is attacked, causing vertigo, pain, delirium, apoplexy, or palsy, our efforts will be very precarious; the most probable means of obtaining relief will be blistering the head and the extremities, if the disease shall have totally receded from them, and throwing into the stomach some of the aromatics, p. 90, or the æther or volatile alkali.

CHAP. XXVII.

Of the MISPLACED GOUT.

CHARACTER.

Podagra aberrans cum partis internæ inflammatione, vel non prægressa, vel prægressa et subito recedente, inflammatione artuum.

SYMPTOMS.

In this third species of irregular gout, an inflammation of some internal part takes place, in a gouty habit, instead of attacking the joints and external parts, as it generally does.

It is to be treated in the same manner as an idiopathic inflammation of these parts.

B O O K III.

Of EXANTHEMATA, *or* ERUPTIVE
FEVERS.

CHARACTER.

MORBI contagiosi, semel tantum in decursu vitæ aliquem afficientes; cum febre incipientes; definito tempore apparent, phlogoses, sæpe lures, exiguæ per cutem sparæ.

CHAP. I.

Of the VARIOLA, *or* SMALL POX.

CHARACTER.

Synocha contagiosa cum vomitu, et, ex epigastrio pressio, dolore.

Of this disease there are two species—the distinct and confluent; and first of

The DISTINCT SMALL POX.

CHARACTER.

Variola discreta pustulis paucis, discretis, circumscriptione circularibus, turgidis; febre, eruptione cuncta, protinus cessante.

SYMPTOMS.

The fever attending this disease most frequently comes on about mid-day, with a cold stage, languor,

guor, and drowfiness, which are succeeded by heat, nausea, vomiting, pains in the head, back, and loins, and in the region of the stomach upon pressure; starting in the sleep, especially in children, who frequently have epileptic fits, or convulsions on the third day.

Towards the end of this day the eruption appears first on the face, then on the inferior parts; and it is generally compleated on the fifth. From the first appearance of the eruption the fever abates, and generally ceases entirely on the fifth day, when it is finished. It comes out in small spots, rising gradually into pustules: they are separate and distinct, and proceed increasing in size till the eighth day; then the face swells, and the eyelids especially, so as to close the eyes.

The interstices between the pustules are red and inflamed, and the latter become, by degrees, first opaque, then white, and then yellow. On the eleventh day they are quite full, and the swelling of the face abates; they then grow brown, become dry, and fall off in crusts, leaving pits, and the parts underneath suffer some desquamation. Some degree of ptyalism generally comes on about the sixth or seventh day. When the swelling abates in the face, the hands and feet are affected with some degree of it; and if the face is very full, some secondary fever appears about the eleventh day, but, in general, it is neither violent nor of long continuance.

CAUSE.

Specific contagion.

PROGNOSIS.

PROGNOSIS.

There is not much danger in the mild distinct small pox, except when the patient is extremely loaded, especially about the head and throat. This disease sometimes lays the foundation of phthisis, an obstinate ophthalmy, and frequently, by removing complaints that existed before, it improves the health and constitution.

CURE.

When the disease is epidemic, and a person not having had it is seized with the symptoms described above, we may be pretty certain they announce the small pox. If the inflammatory symptoms are high, and the patient plethoric, and an adult, blood-letting will be necessary, and an emetic. Mercurial purges must be given daily till the fifth day, or till the eruption is compleated, and must then be discontinued for a time. The patient must be freely exposed to the cool air, must have cold water and cooling acidulated liquids to drink, and the neutral salts in some of the forms prescribed p. 9, will be proper.

If violent convulsions occur about the third day, slight ones are supposed a favourable symptom, as it has been observed they prognosticate the distinct sort, and never precede the confluent) an opiate in a full dose will be necessary; for an infant of two years of age five or six drops of the tinct. opii will be a proper quantity. During the eruption, to foment the lower extremities is certainly good practice. When it is finished, if the pustules are very few in number, all danger is over; and when they

they are turned, all that will be necessary are two or three purges at proper intervals. If the face and body are full, further attention is necessary, even in the distinct sort, when the pustules are filled. The secondary fever must be lowered by a purge, or two, and the cool regimen, having due regard to the strength of the patient. If, when the salivation comes on, the viscid saliva and mucus is thrown out with difficulty the following detergent gargle may be ordered.

R. Infus. ros. ℥vj.

Mell. rosæ ℥j.

Acid. muriat. q. s. grat. acid. reddere. m. f. gargar.

Or sage tea with honey, and acidulated with vinegar or lemon juice, will be proper.

If the fauces are much swelled, blisters must be applied to them. The soreness occasioned by the pustules must be obviated by an opiate given night and morning, taking care to prevent or remove the costiveness it might occasion, by proper laxative medicines. If symptoms of great debility, or a tendency to putrescency should take place, we must proceed in the manner to be pointed out, in the confluent small pox, in the following chapter.

Some authors have recommended the covering the pustules, when they arrive at the acme, with mercurial or some other ointment, and say that the practice lessens the secondary fever, and prevents the marks.

If the pustules do not fill, or recede and produce awkward symptoms, a large mercurial plaister applied to the region of the stomach produces a surprising and immediate good effect, by striking them out.

CHAP. II.

Of the CONFLUENT SMALL POX.

CHARACTER.

Variola confluens, pustulis numerosis, confluentibus, circumscriptione irregularibus, flaccidis, parum elevatis; febre post eruptionem perstante.

SYMPTOMS.

Although this disease begins in the same manner as the distinct small pox, the symptoms at the attack are more violent: they continue so through every stage of it, and several circumstances are different.

The eruptive fever is greater, the pulse is more frequent and contracted, and weaker, as in typhus. The pustules appear before the third day, often preceded by an erysipelas, or accompanied with it. The pimples appear in clusters: they are more numerous in the face, smaller, and less elevated than in the distinct small pox. Upon the appearance of the eruption, although the fever remits somewhat, it does not go off entirely, and after the fifth day it increases; it is considerable through the disease, and frequently attended with coma and delirium. The pox do not rise: they run together, and the whole face appears like a blister. If any are distinct, their circumference is not indurated, and the interstices are pale and flaccid. The serum in the pustules from clear becomes opaque,

H

but

but never acquires the yellow colour, or thick consistence of the distinct sort; the swelling of the face is greater, but it commonly disappears on the eleventh day. Then the pustules break, and pour out a matter which forms brown or black crusts, not falling off for many days. The secondary fever is much greater, the salivation in a higher degree, and in infants a diarrhœa generally takes place of it. Petechiæ frequently appear, attended with bloody urine, and hæmorrhages from different parts of the body, and other symptoms denoting great tendency to putridity.

PROGNOSIS.

The circumstances denoting danger are, the quantity of eruption, and the symptoms of debility and putridity. When the disease ends fatally from attendant putridity, it is sometimes before the eighth day, most frequently on the eleventh, though sometimes the unhappy sufferer languishes until the fourteenth or seventeenth.

CURE.

In the cure of this dreadful malady our whole attention must be directed to support the strength of the system, and to counteract the putrid tendency, by the free use of cordials, wine, the bark in substance, and in large quantity. It will be proper to blister different parts of the body in succession from the eighth to the eleventh day, regardless of the intervening pustules. When the secondary fever appears, or an exacerbation of the continuing one, with an increase of all the symptoms, it is to be considered

sidered as of the highly putrid kind, and the same methods must be employed as were advised in typhus putridus.

When the fever is simply typhus, and shews no symptoms of a putrid, malignant nature, a large mercurial plaister applied to the region of the stomach has the best effects.

The advantages, and business of inoculation are so well known, that it must be unnecessary to mention it here.

CHAP. III.

Of the VARICELLA, or CHICKEN POX.

CHARACTER.

Synocha, papulæ post febriculam brevem erumpentes, in pustulas variolæ similes, sed vix in supurationem euntes; post paucos dies in squamulas, nulla cicatrice relicta desinentes.

This disease is so slight as seldom to require much medical assistance; but as it is requisite to mark the difference between it and the distinct small pox, the principal circumstances in which they vary are contrasted in the following table:

VARIOLA.

Eruptive Symptoms—Great fever, nausea, vomiting, violent pain in the back, loins, head, and epigastrium.

VARICELLA.

Eruptive Symptoms—Often no previous illness, and when there is, the fever is very trifling, and attended only with a slight chilliness, cough, and lassitude.

First Appearance—On the face generally.

Drying and Encrustation of the Pustules—11th or 12th day.

First Appearance—On the back generally.

Drying and Encrustation of the Pustules—4th or 5th day.

All that is necessary, in general, is to give two or three purges after the drying of the pustules.

CHAP. IV.

Of the RUBEOLA, or MEASLES.

There are two species of the measles—the Inflammatory, and Putrid; first of

The INFLAMMATORY MEASLES.

CHARACTER.

Synocha contagiosa cum sternutatione, epiphora, et tussi sicca, rauca. Quarto die, vel paulo serius, erumpunt papulæ exiguæ, confertæ, vix eminentes, et post tres dies in squamulas furfuraceas minimas abeuntes.

SYMPTOMS.

Pyrexia, ushered in by a cold fit, or alternate heats and chills, succeeded by heat, thirst, anorexia, sickness, vomiting, and anxiety. These symptoms are attended from the beginning with a dry, hoarse cough, and dyspnœa; the eyes water, look inflamed, and the eyelids are swelled; the patient is constantly drowsy, frequently sneezes, and there is a great discharge of mucus from the nose. On the fourth day the eruption appears, first in the face, in small red points, resembling flea bites, and generally in clusters:

clusters: the redness increases till the third day; then changes into a brownish red, and, in two or three days more generally disappears with a bran-like desquamation of the cuticle, attended with great itching. This eruption does not appear to be critical like the small pox, for on its appearance the fever seldom ceases or abates; but, on the contrary, increases with the other symptoms till after the desquamation, and then it does not go always off, as in this stage pneumonic inflammation frequently comes on, with an aggravation of all the symptoms, and sometimes a diarrhœa occurs.

CAUSE.

Specific contagion.

DIAGNOSIS.

The cough, watering of the eyes, sneezing, running at the nose, and dyspnœa, which accompany this disease, cannot fail to mark it, and must cause it to be easily distinguished from any other eruptive fever.

PROGNOSIS.

The danger will be in proportion to the violence of the pneumonic symptoms, more especially if they are attended with a symptomatic diarrhœa. Excessive, violent, fixed pains preceding the eruption, and a severe pain in the eyes and head after it, are bad symptoms; if the eruption suddenly recedes, attended with delirium and violent pneumonic symptoms, the greatest danger is to be apprehended.

The early appearance of the measles indicates a mild disease; and a gentle diarrhœa with a moist skin, and a free expectoration, are favourable symp-

toms. The measles sometimes lay the foundation of phthisis, and they are frequently followed by an obstinate ophthalmia, and obstructions of the abdominal viscera.

CURE.

The chief indication is to remove the inflammatory diathesis, by bleeding in proportion to the violence of the fever, cough, and dyspnœa; but as there may be as great, or even greater, necessity for this remedy in the secondary fever, an attention to this circumstance must guide us in the use of the lancet during the eruptive stage. Cooling laxatives are necessary.

℞. Mannæ opt. ℥ss.

Kali tartarifat.

Vel,

Chryst. tartar. ʒj.—3iij.

Aq. fervent. ʒij.

Tinct. sennæ ʒj. m. f. haust.

Vel,

℞. Natri vitriolati ʒiss.

Aq. fervent. ʒvj.

Coccinell. gr. ij.

Ol. menth. pip. ess. ʒgtts. ij. m.

Capt. cochl. ij. amp. 2da quaque hora, donec bis terve subducatur alvus.

Vel,

℞. Chryst. tart. ʒij.

Pulv. rhab. ʒj. m. f. pulv.

Vel,

℞. Sodæ phosphoratæ ʒiss.

Juscul. pull. ℥ss. solve capt. mane primo.

Laxative clysters must be frequently (daily) injected. Small doses of antim. tartarif. to determine

to the surface will be proper. Order neutral salts, combined with demulcents and balsamics.

℞. *Sperm. ceti* (vit. ov. trit.) ℥j.

Tinct. toltan. ℥j.

Aq. fontan. ℥iiss.

Suc. limon. cam kali prep. satur. ℥ss. m. f. haust. 3tia
quaque hora sum.

Vel,

℞. *Gum. arab.* ℥ij.

Aq. fervent. ℥vj. solve et adde

Syr. althææ ℥ss.

Sal. nitri ℥ij. m. capt. *cochl.* iij. amp. 3tia quaque
hora.

Vel,

℞. *Pulv. e tragacanth.* c.

Conf. cynosb.

Ol. amygd. dulc. āā ℥ss.

Syr. toltan. q. s. m. f. linct. capt. cochl. j. parv. ur-
genti tussæ.

The cough may be farther alleviated by allowing the free use of demulcent, pectoral liquids for the common drink; the pectoral decoction, with nitre dissolved in it, in the proportion of one drachm to a pint, will be very proper. If after bleeding at the arm, the cough, and dyspnœa are urgent, order leeches to some part of the thorax, and blisters, and warm vapour to be inhaled. If expectoration comes on, promote it by the methods recommended p. 55 and 56.

If when the inflammatory diathesis is removed, the cough should remain in a distressing degree, opiates may be given with safety and advantage; and a change of air should be insisted on, if the cough continues obstinate, which will often remove it when nothing else will.

Physicians differ much in opinion about the propriety of admitting cold air, and giving cold liquids, in this disease; all that can be said upon the subject at present is, that the advantages to be derived from them have not yet been sufficiently established by experience, while it is very certain that in some instances the eruption has receded during their use, and bad consequences ensued; *et adhuc sub judice lis est*. The sick chamber should be kept cool.

When the disease is over, some purges will be necessary.

If symptoms of pneumonia come on after the desquamation, pursue the method pointed out as proper for that disease. If a diarrhoea occurs, bleeding will be necessary, and a blister to the abdomen. If symptoms of putridity appear, proceed as directed in the next chapter.

CHAP. V.

Of the PUTRID MEASLES.

This disease appeared in London in the years 1672, 1763, and 1768, and at Plymouth in 1745. The late Sir William Watson gives the following account of it in the *London Medical Observations*, Vol. IV. art. 11th. As the book is not now easily met with at the shops, and as it is of the utmost consequence in practice to distinguish this from the inflammatory measles, I trust that I shall obtain pardon for transcribing it here for the benefit of the young practitioner.

“ Watery,

“ Watery, inflamed eyes, a cough, and an universal debility, were the first indications of a person's being attacked. To these generally succeeded a restless night. On the next day the fever usually rose to a considerable height, attended with pain and heaviness in the head, at which time the eruptions appeared; so that most frequently, on the second or third day, the measles were visible on most parts of the body. The cough and inflamed eyes grew worse. The patient now complained of great heat, oppression, and restlessness. The breathing was generally difficult, and there was no expectoration. The skin was usually dry; the fauces were of a deep red colour, and the tongue mostly foul; the thirst was great; the pulse very quick, and seldom full, and they complained of great weakness; the eruption, heat, and inflammatory symptoms, continued in the manner just now mentioned, more or less, according to the severity of the disease, four or five days, and then went off. In some instances they continued a few days longer; but in the greater number the eruptions were gone at the end of the fourth day. This I consider as the first stage of the disease.

“ The second or last stage of the malignant measles began after the febrile heat was over, and the eruptions had disappeared.

“ The watery eyes in many were now turned into a grievous soreness of that organ, which lasted in some a considerable time. The cough, oppression, and difficulty of breathing, continued equally severe, and sometimes more so than during the eruption,

§

attended

attended with great restlessness and anxiety, and with scarce any expectoration; the thirst was abated; the pulse was quick, but low, and frequently irregular, and the debility in many was extreme, especially if at this period the patient was teased with purging stools. By this time they were greatly reduced in their flesh. If in this state a delirium came on, it indicated that death was not far off."

The Doctor here enters into a defence of Sydenham, against Dr. Mead's reprehension of him for not bleeding in the beginning of the measles, and proceeds thus:

"If in the second stage of the disease the dryness of the skin went off, and gentle perspiration came on; if the restlessness and anxiety were abated; if the cough and difficulty of breathing became less severe, and if the patient recovered a little strength, these were favourable appearances. The reverse of this indicated mischief.

"Of those who died, we lost but few in the first stage of the disease; several on the two or three first days of the second, more between the second and third week. Some indeed died more than a month after they were first attacked. Of those who died, some sunk under laborious respiration, more from a dysenteric purging, the disease having attacked the bowels; and of these, one died of a mortification of the rectum. Besides this, six others died sphacelated in one or more parts of the body. The girls who died most usually became mortified about the pudenda. Two had ulcers in their mouth and cheek, which last was so corroded by them, that the cheek, from

from the ulcers within, sphacelated externally before they died. Of these, one had the gums and jaw bone corroded to so great a degree, that most of the teeth on one side came out before she died. The lips and mouths of many who recovered were ulcerated, and continued so for a long time. Besides these, after the cough, difficulty of breathing, and other seemingly threatening symptoms, were gone off, several were so debilitated, that they refused to take almost any nourishment, and sunk quite emaciated; one so late as six weeks after the attack.

“ Several were opened who died under different circumstances attending this disease; of some, who died of laborious respiration, after the feverish heat and eruptions were passed, the bronchial system was found very little loaded with mucus; but the substance of the lungs was tender, and their blood vessels were very much distended and obstructed.

“ In a girl, who died on the nineteenth day of laborious respiration and extreme debility, many strong adhesions were found between the lungs and pleura. The lungs were distended with blood, and the left lobe had begun to sphacelate. Part of the jejunum was much inflamed, and contained several worms.

“ Another died at the end of three weeks, during which time his breathing had been difficult; for several days he had had a colliquative purging; but when he was apparently no worse than he had been for some days before, he died suddenly. He had complained much of a sharp pain under the
left

left scapula. Upon opening the thorax the blood vessels of the lungs were found much enlarged, and a sphacelus of considerable extent in the left lobe. This by corroding the blood vessels occasioned an hæmorrhage, which filled almost the left cavity of the chest. The sphacelated part of the lungs contained a considerable quantity of putrid, dark-coloured, highly offensive sanies. Collections of purulent matter were found in none; on the contrary, in this putrid disease every morbid appearance indicated a sphacelus."

Sir William now proceeds to the mode of treatment:

"He observes, that bleeding, which was practised in the first and second stage, gave no relief to the pneumonic symptoms or fever; that the relief of this truly-putrid disease was attempted by other means, which were, cleansing the stomach and bowels with small doses of tartar emetic (antimon. tartarifat.) and this was of signal service, as it generally mitigated the symptoms: then cooling antiseptics were directed. The chambers of the sick, it being summer, were kept cool; if they had no purging, their common drink was pectoral decoction, with a due mixture of simple oxymel, and of this they were ordered to drink plentifully; if this was disliked, barley water, with vinegar, or balm tea, was substituted.

"Where the symptoms ran high, with great restlessness, and dryness of the skin, tepid bathing of the whole body, as long as the patient could conveniently bear it, was of great service.

"This

“ This practice was confined to the inflammatory state; afterwards it was not thought advisable, on account of the great debility of the sick. The use of blisters was not found to be so extensive in the first as in the second stage.

“ The treatment in the second stage was different from that of the first, and also varied in different and the same persons, according as the symptoms indicated. Blisters relieved many; wine was given in whey, or in common drink. In case of griping, colliquative stools, which often came on, an infusion of the rad. serpentar. virginian. with conf. aromatic. was given, to which a few drops of thebaïc tincture (tinct. opii) were added occasionally, which was also given in mutton broth as a clyster. Their nourishment was rice gruel; if the cough and dyspnœa were moderate, the decoct. cort. Peruv. was of great service; when they were violent, they were generally increased by it; and under these circumstances, the rad. serpent. virg. was substituted, but with less beneficial effects. Late in the disease, when the stomach was so enfeebled that the patients could take no nourishment of a more solid kind, milk, alone, or mixed with water, was most grateful, alleviated their complaints, and recruited their strength.”

I hope, that, from the above account, this disease will be readily distinguished from the inflammatory measles, even at the beginning. The great general debility and state of the pulse will, I think, establish the diagnosis.

CHAP. VI.

SCARLATINA. SCARLET FEVER.

CHARACTER.

Synocha contagiosa; quarto die morbi, facies aliquantum tumens; simul in cute passim rubor floridus, maculis amplis, tandem coalescentibus, post tres dies in squamulas furfuraceas abiens; superveniente dein sæpe anasarca.

Of this disease there are two species:

1. The scarlatina simplex nulla comitante cynanche.
2. The scarlatina cynanchica, cum cynanche ulcerosa.

Of the SIMPLE SCARLET FEVER.

SYMPTOMS.

This name of a disease, as Sydenham calls it, prevails most in the autumn, and begins with a slight shivering, sickness, and other symptoms of slight pyrexia; in a little time an eruption of red spots appears all over the skin, broader, redder, and more numerous than in the measles, and in two or three days they go off with a mealy desquamation, when a degree of anasarcous swelling comes on, which in two or three days time disappears.

CURE.

Nothing more than a cooling regimen is necessary, avoiding heat on the one hand, and the cold
air

air on the other. When the desquamation takes place, give a purge or two.

If epileptic fits, or convulsions, or coma, come on during the eruptive stage, which sometimes is the case in children, order a blister to the back, and an anodyne adapted to the age and strength of the patient.

CHAP. VII.

Of the SCARLATINA, with SORE THROAT.

SYMPTOMS.

This fever begins with shivering, and the other symptoms usually attending exanthematic fevers; but there is no cough as in the measles, or anxiety and vomiting as in the cynanche maligna. The tonsils are swelled and inflamed; and if the disease appears in the autumn, they are covered with white floughs, but if in the summer, they are not. Deglutition is difficult. About the third or fourth day an eruption appears, similar to the one described in the last chapter: it remains three or four days, and then goes off with a desquamation. A sweat generally comes on at this time, and the fever subsides. When the floughs fall off, and they generally do soon after this period, ulcers are seen on the tonsils, which heal kindly. After the eruption has disappeared, some degree of anasarcaous swelling generally takes place, which continues for two or three days. In a few cases this disease puts on the appearance of the cynanche maligna.

CAUSE.

Contagion.

The DIAGNOSIS will be understood from the table, p. 42, and what was said in the last page.

CURE.

In the ordinary state of this disease the same treatment as was directed in the scarlatina simplex will be sufficient: when the fever runs high, with a full pulse, bleeding will be necessary, especially in adults. Order an emetic, laxative medicines, the neutral salts, and nauseating doses of antimon. tartar. and a cool regimen. In proportion to the sloughs and quantity of viscid matter about the fauces, the use of detergent gargles must be advised.

When the anasarcous swelling appears, order two or three purges.

When the appearances of the sloughs upon the fauces, state of the pulse, and other symptoms, mark a putrid tendency, or render you doubtful whether it is the cynanche maligna, the method recommended for that disease will of course be necessary.

CHAP. VIII.

Of the PESTIS, or PLAGUE.

CHARACTER.

Typhus maxime contagiosa, cum summa debilitate.

SYMPTOMS.

This dreadful disease commences with a cold fit,
succeeded

succeeded by great (especially internal) heat, stupor, confusion, vertigo, staggering, severe head-ache, and delirium, and the eyes are red, rolling, and ghastly; there is great prostration of strength, anxiety, and depression of the spirits, nausea, vomiting of black bile, and bilious stools, and intense thirst. The face is flushed, the tongue white, the pulse frequent, hard, irregular, and feeble: the urine, in different periods of the disease, is whitish, turbid, black, and bloody; the excretions are foetid; faintings, tremblings, and convulsions attend; and there are also petechiæ, vibices, buboes, and carbuncles.

CAUSE.

Contagion.

PROGNOSIS.

The danger will of course be less in proportion to the mildness of the symptoms, and the early appearance of buboes is a favourable circumstance.

CURE.

Bleeding is recommended in the beginning of this disease, then give a vomit, and evacuate the intestines by laxatives. Endeavour to promote a cathoresis by means not heating, such as neutral salts, nauseating doses of antimon. tartariz. giving plentifully of liquids, acidulated with vegetable acids, and impregnated with neutral salts. If the disease proceeds, it must be treated in the same manner as the typhus putrida, giving the bark, and give liberally, cold liquids to drink, and admit the cool air. If buboes appear, their suppuration must be promoted.

Quere. From the analogy which the plague has to the putrid fever, in many respects, should it not from the first be treated in the same manner? —One thing in this disease is remarkable, which is, that Sydenham, in some instances, could not get any thing to be retained in the stomach till he had excited a diaphoresis by external means.

The prophylaxis depends upon avoiding communication with the infected, and whatever may debilitate the system; living well, using wine moderately, keeping up the spirits in cheerful society, and, if possible, banishing fear.

Bark should be taken in substance daily; and camphor and Thieves' vinegar should be carried about the person.

Those whose duty leads them to be about the sick should never visit them fasting: they should breathe through linen impregnated with the prophylactic vinegar, and should neither swallow their saliva in the room, nor till they have first washed their mouths with decoction of bark, camphorated julap, or some antiseptic.

CHAP. IX.

Of the ERYSIPELAS.

CHARACTER.

Synocha, duorum, vel trium dierum, plerumque cum somnolentia, sæpe cum delirio.

SYMPTOMS.

It begins with a cold stage and other symptoms
of

f pyrexia ; the hot stage is almost always attended with drowsiness, often with confusion of the head, coma, and delirium ; the pulse is frequent, and in general full and hard. On the second, or, at the latest, the third day from the attack, an eruption, such as was described in the erythema, appears generally in the face, of a shining rosy colour, at first to no great extent, but it moves from one part of the face to the other, and gradually envelopes the head, and descends to the neck and breast. The parts are much swelled, and in time blisters arise on different parts of the face, containing a yellowish fluid, which dries, and the cuticle peels off. As the eruption spreads, it is attended with a burning heat ; sometimes the swelling of the eyelids terminates in suppuration. The eruption does not prove critical with regard to the fever, which, on the contrary, generally keeps pace with it in its increase : it usually continues eight or ten days.

Sometimes the delirium and coma arrive to a great height, and the patient dies apoplectic on the eighth, ninth, or eleventh day.

CAUSE.

Previous erysipelas, cold, suppression of accustomed evacuations, and plethoric irritable system.

PROGNOSIS.

When the delirium and coma are considerable, the case is dangerous, not otherwise.

When the termination is favourable, the fever subsides with the inflammation, and health returns without any evident crisis.

CURE.

The whole of the antiphlogistic regimen must be adopted in this case, and as much of an erect posture advised, as the patient can bear without inconvenience.

An emetic or two, given at the beginning, will sometimes cut the disease short.

These methods are to be pursued as long as the inflammatory symptoms continue, and must be proportioned to the violence of the disease and strength of the patient.

If the delirium and coma are urgent, blisters must be applied to the head and back.

Erysipelas attacks other parts of the body; in which case there is seldom any danger. It sometimes furrounds the lower part of the abdomen like a belt, and is then vulgarly called the shingles.

If it appears as a symptom accompanying putrid diseases, which is sometimes the case, the above treatment would necessarily be improper.

It sometimes occurs in the face in consequence of injuries done to the cranium; but as it is in this case generally under the surgeon's care, it is unnecessary to take farther notice of it here.

CHAP. X.

Of the MILIARIA, or MILIARY FEVER.

CHARACTER.

Synochus cum anxietate, frequenti suspirio, sudore olido, cum punctationibus cutis. Incerto die morbi,

morbi, erumpunt papulæ rubræ, exiguæ, discretæ, per totam cutem, præter faciem, crebræ, quarum apices, post unum, vel alterum diem, pustulas minimas, albas, brevi manentes, ostendunt.

SYMPTOMS.

This fever generally commences with a violent cold stage, succeeded by great heat, anxiety, and sighing; the heat soon increases, and produces a profuse sweat, preceded by a sense of pricking in the skin; and it has a peculiar, strong disagreeable smell. The period of eruption is indeterminate; it seldom attacks the face, but appears first on the neck and breast, and thence spreads all over the body. It comes out in very small red or white pimples, sometimes distinct, and sometimes in clusters: they are slightly prominent, and on the second day a small vesicle is evident upon each; these break, are rubbed off, and succeeded by a desquamation, and several crops follow each other. It affects both sexes, all ages and constitutions, but most frequently puerperal women, and people of weakly and delicate constitutions.

The symptoms sometimes run high, and the disease is often fatal. It differs from other exanthemata in many circumstances; it is never contagious; the eruption appears at no fixed period, nor is it of any regular, certain duration.

REMOTE CAUSES.

Relaxed habit, a debilitated system, especially from large evacuations of blood; a hot sweating regimen; lying-in.

DIAGNOSIS.

It is distinguished from the measles by the absence of the cough, watery eyes, sneezing and running at the nose, and by the earlier desquamation; and it will be readily known by its pathognomonic symptom, the peculiar smell of the sweat.

PROGNOSIS.

If symptoms of great debility or putrescency are present, danger may be apprehended, as also when the eruption suddenly recedes, and produces delirium or coma.

CURE.

The general rule for the treatment of this disease will be to employ the cool regimen, supporting the system and removing debility by cordials, tonics, and nourishing diet; obviating and counteracting putrescency by the bark, wine, and antiseptics.

If furious delirium attends, with symptoms of general inflammation, which (though a rare circumstance in this disease) sometimes occur, bleed largely in the arm, temporal artery, or jugular vein, blister the head, and employ the general means recommended in phrenitis.

If delirium or coma comes on, in consequence of a sudden retrocession of the eruption, blisters, cordials, and volatiles, will be proper.

If from circumstances the eruption seems critical, the admission of the cold air, and the exhibition of cold liquids to drink, should not be advised. When successive crops, attended with profuse sweating, continue to harass the patient, the bark is the best remedy.

CHAP. XI.

Of the URTICARIA, *or* NETTLE RASH.

CHARACTER.

Die secundo rubores maculosæ, urticarum puncturas referentes; interdum fere evanescentes, vespere cum febre redeunt, et post paucos dies in squamulas minutissimas penitus abeunt.

This disorder is an eruption similar to what is produced by the stinging of nettles; sometimes it is preceded by slight pyrexia, and its attendant symptoms, and sometimes not.

A cool regimen is all that is necessary; and when the desquamation takes place, two or three purges.

CHAP. XII.

Of PEMPHIGUS.

CHARACTER.

Typhus contagiosa. Primo, secundo, aut tertio morbi die, in variis partibus, vesiculæ, avellanæ magnitudine, per plures dies manentes, tandem ichorem tenuem effundentes.

Dr. Dickson says the above definition is erroneous, and gives the following from his own observation:

A fever, accompanied with the successive eruptions from different parts of the body, internal as well as external, of vesicles about the size of an almond,

mond, which become turgid, with a faintly yellowish serum, and in three or four days subside.

SYMPTOMS.

Pyrexia, lassitude, sickness, anxiety, and headache; on the first, second, or third day, or sometimes later, vesicles, or phlyctenæ appear in various parts of the body, preceded by a smarting, itching, or tingling sensation; at first they are not larger than a full small-pox, but gradually increase to the size of an almond or middle-sized walnut: sometimes they appear in the mouth, and proceed downwards through the whole alimentary canal, causing painful deglutition, and pain in the intestines.

If the vesicles are not broken, they fill with a yellowish serum or lymph, which is absorbed into the system. The pulse is, in general, small, quick, and sometimes irregular.

The fever does not suffer a permanent remission upon the appearance of the eruption, which does not come out at any regular time, but at different periods through the course of the disease.

CURE.

The curative indications are, to obviate the general symptoms of debility which always, and the putrid diathesis which frequently, attend this disease. In the first place, order an emetic, then a laxative, and then the following:

℞. Pulv. cinchonæ, ʒss.—3j.

Vin. rubr. lusitan.

Aq. fontan. āā ʒj. m. f. haust. 3tia vel. 4ta quaque hor. sum.

When

When internal vesicles are suspected, from the symptoms mentioned as their attendants, opiates, demulcents, and gentle laxatives, will be proper. If they appear in the mouth, should break, and form ulcers, detergent antiseptic gargles must be used.

This disease did not appear to Dr. Dickson to be at all contagious. It is described by some authors as being highly so; so that it is probable there are two species of pemphigus. It was certainly a milder form of the disease which Mr. Christie describes as being cured by repeated doses of calomel taken at bed-time, and purged off in the morning with Glauber's salt.

CHAP. XIII.

Of the APHTHA, or THRUSH.

CHARACTER.

Lingua tumidiufcula; linguæ et faucium color purpurascens; escharæ in faucibus et ad linguæ margines primum comparentes, os internum totum demum occupantes, albidæ, aliquando discretæ, sæpe coalescentes, abrafæ cito renascentes, et incerto tempore manentes.

SYMPTOMS.

This is frequently a symptomatic affection, attending putrid diseases, syphilis, and the last stage of phthisis, and, as such, will disappear with the removal of the primary disease. It most commonly affects infants, and is then called the thrush; it

it shews itself in white sloughs in the mouth, tongue, and fauces, which sometimes go through the whole alimentary canal, causing great pain and soreness in the mouth, griping and purging, great inquietude and fever.

CURE.

If there are inflammatory symptoms, it will be necessary to take away some blood; in general, however, it gives way to absorbents, joined with laxatives.

℞. Magnes. alb. ʒj.
 Pulv. rhab. ʒj.
 Aq. puræ ʒij.
 Ol. anisi (paul. facch. trit.) gtts. ij.
 Syr. simp. ʒij. m. capt. cochl. j. parv. 4ta quaque hora.

Apply the following to the parts affected with a camel's hair pencil:

℞. Bol. armen. pulv. ʒss.
 Borac. pulv. ʒss.
 Mell. com. ʒss. m. f. liniment.

If the child is very restless from the great soreness, an opiate will be necessary.

If the milk of the nurse is in fault, she must be changed.

If the disease continues obstinate, with purging griping stools, apply a small blister, the size of a shilling or half crown, according to the age of the child, to the region of the stomach, and give a tea-spoonful of some bitter infusion twice or three times a day.

BOOK IV,

CHAP. I.

HÆMORRHAGIÆ, or HÆMORRHAGES.

CHARACTER.

PYREXIA cum profusione sanguinis absque vi externa; sanguis missus ut in phlegmasiis apparet.

Under this title are comprehended active hæmorrhages only, viz. hæmorrhages attended with a degree of pyrexia, and arising from an increased impetus of the blood in the vessels from which it issues, chiefly depending on an internal cause.

GENERAL SYMPTOMS.

They are generally preceded, at indeterminate periods, by fulness and tension about the parts from which the discharge is about to issue; when they are in view, there is some swelling, redness, heat, and itching; and in the internal parts concerned, a sense of weight, heat, and pain: then a cold stage is formed, succeeded by heat, during which the hæmorrhage happens. The pulse, which, in the hot stage, was frequent, full, and perhaps hard, becomes softer and less frequent as the blood flows, which, when drawn from a vein, has the same appearance as in phlegmasiæ.

PROXIMATE

PROXIMATE CAUSE.

Congestion in particular parts of the sanguiferous system, producing distension of these vessels, and violent re-action; together causing a rupture of them.

REMOTE CAUSES.

Plethoric and sanguine temperament, spring and summer, external heat, sudden and considerable diminution of the weight of the atmosphere; whatever increases the force of the circulation, such as

Violent exercise,

Violent efforts,

Anger, and other

Violent passions.

Violent exercise of particular parts; postures increasing determinations to, and ligatures occasioning accumulations in, different parts of the body; a determination to certain vessels rendered habitual by frequent hæmorrhage; and lastly, cold externally applied, as changing the distribution of the blood, and determining it in greater quantity into the internal parts.

General indications of cure.

A plethoric state is to be prevented or removed by lessening the quantity of food, or by taking such as is less nutritious, and by increasing the exercise. By evacuations, especially purging, for bleeding increases a plethoric disposition; it will, therefore, be only proper when hæmorrhage has taken place, but not as a means of prevention. The remote
causes

causes are to be avoided. When an hæmorrhage comes on, if it continues so long, and flows in such quantity, as to endanger the patient's life or constitution, it must be suppressed by a strict observance of the antiphlogistic regimen. Heat is to be particularly guarded against; the patient must be exposed to the cold air, and have cold liquids to drink. Refrigerant medicines will be proper, and the vegetable acids.

℞. Sal. nitri pur. gr. x.—3℥s.

Coccinell. gr. ij.

Aq. fontan. ʒij. m. f. haust. 3tia quaque hora sumend.

Vel,

℞. Spt. æther. nitros. gtts. x.—Lx.

Aq. fontanæ ʒij.

Syr. f. ʒj. m. f. haust.

Give astringents, particularly alum.

℞. Alum. gr. x.—ʒj.

Pulv. bol. gr. xv.

Syr. f. q. f. m. f. bol.

If there is no inflammatory diathesis present, twenty or thirty drops of tinct. opii may be added to the above draughts.

Vel,

℞. Pulv. e creta comp. cum opio ʒj.—3℥s.

Alum. pulv. gr. x.—ʒj.

Syr. q. f. m. f. bol.

Apply cold water, and cold substances and astringents, externally to the parts. Fainting is not to be prevented, as it is powerful in stopping hæmorrhage.

If the pulse is frequent, quick, and full, direct bleeding.

Vomiting

Vomiting is also a powerful means of stopping hæmorrhages, as it diminishes the action of the vascular system greatly.

The patients should be kept extremely cold.

CHAP. II.

EPISTAXIS, *or* BLEEDING *at the* Nose.

CHARACTER.

Capitis dolor, vel gravitas; faciei rubor, profusio sanguinis e naribus.

In every case where this is not critical, it ought to be suppressed and prevented by all the general means mentioned p. 125, to which may be joined issues. The body and head should be kept erect; every irritation is to be avoided, such as blowing the nose, speaking, or motion.

Order pressure upon the nostril and side of the nose, from which the blood flows, with cloths wetted with vinegar and cold water, and dosils of lint, dipped in powdered alum, to be introduced up the nostril, and applied to the openings behind the uvula.

Immersing the genitals in the coldest water that can be procured, or made, will often stop it immediately.

This is sometimes critical, as in pneumonia, hepatitis, phrenitis, &c.; and sometimes symptomatic, as in typhus putrida, scurvy, &c. The treatment in those cases will be understood, from what is said above, and in treating of these diseases.

CHAP. III.

Of HÆMOPTYSIS, or HÆMORRHAGY
from the LUNGS.

CHARACTER.

Genarum rubor; molestiæ aut doloris, et aliquando caloris, in pectore sensus; dyspnœa, titillatio faucium; tussis, aut tussicula, sanguinem floridum, sæpe spumosum rejiciens.

SYMPTOMS.

It is preceded by a sense of weight and anxiety in the chest, uneasiness in respiration, pain in some part of the thorax, and irritation about the larynx, inducing a cough, which brings up some frothy florid blood, and sometimes sickness and vomiting from the blood irritating the fauces, or getting down into the stomach in swallowing. It varies in the time of its duration, and in the quantity of blood thrown up.

The predisposing causes are,

A certain age, viz. from sixteen to thirty-five; narrowness of the chest, with prominent shoulders; sanguine temperament; a delicate slender form, with a long neck; great sensibility and irritability; suppression of frequent epistaxis, or other habitual hæmorrhage, and the loss of a limb by amputation.

The other remote causes are the same as those enumerated p. 124; to which may be added what will excite a violent respiration.

DIAGNOSIS.

DIAGNOSIS.

We may distinguish hæmoptysis from blood thrown out from the mouth, fauces, or stomach, by attending to the following circumstances :

If it comes from the fauces or mouth, we can commonly perceive whence it issues by inspection ; it is discharged without coughing, and has in general been preceded by epistaxis if it comes from the fauces.

If it proceeds from the stomach, it will be known by the attendant vomiting, by the quantity and colour of the blood, which in this case is darker and grumous, and mixed more or less with other contents of the stomach.

PROGNOSIS.

If the disease leaves no dyspnœa, cough, or pain in the breast, or if it comes on in consequence of a suppression of the menses, or of external violence in persons, not having the predisponent characteristics, the danger will not be so great as if it happened without these circumstances ; but as it often proves the cause of phthisis, it is always to be considered an alarming disease.

CURE.

We must here employ every part of the antiphlogistic regimen with the greatest diligence. Bleeding is necessary in quantity and repetition proportioned to the urgency of the symptoms and strength of the patient. Order cooling purgatives, refrigerants, and saline draughts ; and nitre, so guarded as not to increase the cough, will be very proper.

R. Sperm.

℞. Sperm. ceti (vitel. ov. trit.) ℥ss.
 Aq. fontanæ ℥iſs.
 Sal. nitri, vel
 Kali acetat. gr. x. — ℞j. m. f. haust. 3tiis horis sumend.

Vel,

℞. Kali præparat. ℞j.
 Succ. limon. recent. ℥ss.
 Aq. fontanæ ℥iſs.
 Sal. nitri ℞j.
 Muc. gum. arab. ℥ij. m. f. haust.

If there is no inflammatory diathesis, twenty or thirty drops of tinct. opii may be given two or three times a day, or fifteen drops may be added to the draughts. Moderate astringents will be proper, to which the tinct. opii may be added under the circumstances mentioned above.

℞. Infus. ros. ℥vj.
 Muc. gum. arab. ℥ss.
 Spt. æther. nitros. ℥iij.
 Syr. f. ℥ij. m. f. mist. capt. cochl. iij. amp. 3tia quaque hora.

vomit should be tried. A blister to the back or chest, or a seton, will be advisable. Absolute quiet body and mind must be strictly enjoined, and continued for a considerable time after the hæmorrhage has ceased, with such food as is light, cooling, and easily digested, and it must be taken in small quantities.

Sailing, if the patient is not liable to sea sickness, will be very serviceable, and travelling in a carriage on smooth roads, or swinging; immersion in, or sprinkling with cold water.

There is another species of this disease, which

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proceeds

proceeds from the veins, as the one just treated of does from the arteries.

It attacks people of dark complexions, and thin spare habits ; the discharge is small in quantity, seldom more than a tea-spoonful or two at a time, and is often periodical, especially in the female ; it frequently occurs during the first sleep, waking the patient with an unpleasant, disagreeable sensation in the chest.

The cause of this disease is supposed to be diminished venous absorption, or effusion, from the blood being impeded in its circulation through the veins.

The cure is to be attempted by such means as will increase the venous absorption, and prevent the remora in the veins.

The former will be promoted by slight tonics, and gentle stimulants, which act on the pulmonary vessels ; steel in small doses ; garlic and onions alone, or infused in spirits ; squills ; an opiate at bed time ; an issue on some part of the thorax, or successive blisters to different parts of it. The patient should not be allowed to sleep more than two or three hours at a time. Leeches, and poultices and fomentations, should be applied to the hæmorrhoidal veins, as recommended in hæmatemesis. Vomits should be given after each return of the hæmoptœe, and purges occasionally.

CHAP. IV.

Of PHTHISIS, or PULMONARY CONSUMPTION.

CHARACTER.

Corporis emaciatio et debilitas, cum tussi, febre hectica, et plerumque expectoratione purulenta.

SYMPTOMS.

The incipient symptoms vary with the cause of the disease; but when it arises from tubercles in the lungs, its most general cause, the predisposed generally suffer no other inconvenience for some time than a sense of straightness and slight oppression of the chest, particularly in moist weather, or in warm crowded places: respiration is hurried upon slight motion; they are paler and more languid than usual, but find no pain in the breast. As the disorder advances, the patients begin to be troubled with a dry, frequent, tickling cough, which increases in the evenings; it often remains dry for a long time, but it is sometimes attended with a discharge like what is thrown off in catarrh. This may be considered as the first stage of the disease.

If things have been neglected, or the means used ineffectual, the patients now begin to find some difficulty in breathing, and more uneasiness in the chest, which is increased by the cough, and they begin to feel slight shooting pains in different parts of the thorax, sometimes in the direction of the mediastinum, sometimes in one side only; the pain

sometimes prevents their lying on the side affected, and they are often obliged to lie on one side only, although they feel no pain. The palms of the hands and soles of the feet are affected with a burning heat; respiration is difficult and even laborious; and soon after this an expectoration of light frothy mucus comes on, small in quantity, brought up with difficulty, and often streaked with blood. This is the second or inflammatory stage, to which succeeds the suppuratory one.

In this third stage the expectoration becomes purulent, copious, and fœtid, of which odour the breath partakes, and now come on the symptoms of hectic fever. It has evidently a remittent form, with two daily exacerbations; the first is generally about noon, and its remission, which is but slight, about 5 P. M. This is soon followed by the second exacerbation, gradually increasing until after midnight. The second remission begins about two o'clock in the morning, it is attended with more or less (sometimes with profuse) sweating, and becomes more complete as the morning advances. The exacerbations are generally preceded by some shivering or sense of coldness, though the skin is preternaturally warm to the touch. The urine is commonly high coloured, and deposits a copious branny red sediment; the appetite is not much impaired, the thirst inconsiderable, and the tongue appears clean and of a bright red colour, till towards the latter end of the disease, when it and the fauces are more or less covered with aphthæ. As the disease advances the tunica adnata becomes of a pearly white: the face
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is mostly pale, but sometimes a florid circumscribed redness appears in the cheeks, especially after dinner, and during the exacerbations of the fever. At first the patients are costive, but in the advanced stage of the disease a diarrhoea frequently comes on, of the colliquative kind, as the sweats are, and they alternate with each other.

Great debility and emaciation (the latter in a remarkable degree) take place, and in the last stage the hair falls off, the ends of the nails bend inwards, the feet become œdematous, and a few days before death a delirium comes on, which continues till that event takes place.

As it is frequently difficult to ascertain whether matter expectorated from the lungs is pus, it may not be improper to give, in this place, the test of being pus or mucus, from the late Mr. C. Darwin's ingenious experiments on these two fluids.

Let the expectorated matter be dissolved in vitrollic acid, and in caustic lixivium, and add pure water to both the solutions. If there is a fair precipitation in each, it is a certain sign of the presence of pus; if there is not a precipitation in either, it is certainly mucus.

The predisposing causes are,

1. Hereditary disposition.—2. Particular formation, long neck, prominent shoulders, narrow chest, a remarkable projection of the os coccygis; thin cheek bones, and remarkable sound teeth, of a pearly white colour, are also often found in people exposed to phthisis.—3. Particular temperament,

sanguine, thin habit, scrofulous diathesis indicated by a fine clear skin, delicate rosy complexion, large veins, thick upper lip; a weak voice, and tendency to hoarseness, and great sensibility.—4. Certain diseases, as syphilis, and various exanthemata.—5. Particular employments exposing artificers constantly to dust, such as those of millers, stone-cutters, flax-dressers, &c. Hyper-oxygenation of the blood, according to Dr. Beddoes.

The occasional causes are,

Hæmoptysis, pneumonic suppuration, asthma, catarrh, and tubercles.

THE PROXIMATE CAUSE.

An ulcer in the lungs.

PROGNOSIS.

A phthisis from tubercles is attended with the utmost danger; there is less when it is the consequence of pneumonic suppuration, and less still when hæmoptysis is the cause.

But it is to be understood, that in every case of this kind there is very great danger,

CURE.

The occasional causes must be removed or prevented. Hæmoptysis is to be treated in the manner recommended, p. 128 and 129, and the precautions against its recurrence ought to be continued for several years after it has happened. Pneumonic suppuration is to be prevented by the means mentioned, p. 53, 54, and 55. If it proceeds from syphilis, we must have recourse to mercury, given
with

with the greatest care. Asthma and catarrh, as generally inducing the disease by causing tubercles, will require the same treatment as tubercles.

When a person with a phthical habit, and born of parents of the same, is affected with the symptoms of the first stage (p. 131.) in the spring or summer, even in the slightest degree, we have reason to fear that tubercles have formed, or are about to form in the lungs, and we must exert our utmost and immediate efforts to obtain their resolution, or prevent their formation. We begin by bleeding; but in the use of this remedy the greatest caution and prudence are necessary, as, beyond all doubt, many have fallen victims to an intemperate use of the lancet, first introduced by Dr. Doënar. The strength, the constitution of the patient, and the state of the symptoms, must be cautiously measured; and the quantity and repetition must be proportioned to them.

A diet, principally of milk and vegetables, must be ordered; but it does not appear that animal food is to be prohibited, especially if it does not heat or aggravate the symptoms. Shell fish, especially oysters, lobsters, and crabs, are proper food; butter-milk should be freely taken, and the lichen islandicus boiled in milk, and taken as a part of the food, is recommended, as producing beneficial effects, even in the advanced stage of the disease. Every irregularity must be avoided, and all crowded places; swinging night and morning is advised, and gentle exercise is highly serviceable, either in an open carriage or on horseback; and it will be most

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efficacious,

efficacious, when it is taken, in progressive journies, through different parts of the kingdom. Sailing too is much recommended. A seton should be earnestly advised, either between the scapulæ or on the side, and repairing to Bristol early in the disease. In this stage the patient should change his climate with the seasons, going to the southern parts of the continent in the autumn, and returning to England, or the most northern parts of the continent in the summer. This will be particularly advisable, as he will, by this measure, unite the advantages of change of climate with those derived from progressive journies.

If circumstances or inclination keep him in England, he should by all means go to such places in the spring as are dry and sheltered from the north and east winds, and in summer to more elevated and airy situations. He should be advised to take such medicines as will keep the body open, and to wear a flannel or dimity shirt and drawers, and to keep the feet warm. Of all medicines, emetics are the most serviceable in this stage of the disease, and of all emetics the vitriolum cæruleum is found to be the properest here, because it excites vomiting readily and easily, without fatiguing the patient much, without irritating the intestines, and without relaxing the stomach, objects of great consequence in a medicine which must be frequently repeated; the earlier they are given in the disease the better. They are to be given in a morning, twice in a week, every other or every day, as the symptoms may indicate.

Let the patient drink half a pint of water, and immediately after it, the following draught is to be taken :

R. Cupr. vitr. gr. ij.—x.—xv.—xx,
Aq. fontanæ ℥ij. m.

As soon as it is received into the stomach a vomiting is excited; another pint of water is to be given, which is soon rejected, and then the sickness ceases.

The digitalis, given till some degree of sickness is produced. The balneum terræ may be tried. The cough may be relieved by frequently inhaling the steams of warm water by means of Mudge's inhaler. We should strictly forbid the use of a remedy commonly prescribed by people about the sick person, and that is, rum and milk taken in bed in a morning, for spirits are on every account pernicious.

Facititious airs should be tried with perseverance, in which the quantity of oxygen is reduced and hydrogen added; and others with carbonic acid gas, with which the air of a room may be easily impregnated, by means of the apparatus invented and sold by Bolton and Watt, Birmingham.

These are the means to be employed in the first and second stages of the disorder: and I must embrace this opportunity of saying, that I have found the most beneficial effects from the early use of emetics, so much insisted on by Dr. Simmons.

Remember that the remedies cannot be too early applied. The old maxim, "*venienti occurrere morbo*," becomes here a strict command.

When

When the tubercles have suppurated, and an ulcer or ulcers are formed, it constitutes a confirmed phthisis, and is the third and last stage of this fatal disease, when the hectic fever appears, and most commonly destroys the unfortunate sufferer.

Here small indeed is the assistance our art can give! We are to endeavour to counteract the effects of the absorbed matter, to mitigate the most distressing symptoms, and support the patient by such nourishing food as is found not to increase the fever, or exasperate the cough. Prescribe the following medicines:

℞. Bals. capiv. ʒss.—3j.

Sacch. alb. pulv. q. f. m. f. bol. ter in die sumend. cum haustu sequent.

℞. Kali præparat. ʒj.

Succ. limon. rec. ʒss.

Aq. puræ ʒiss. m. f. haust.

When there is no inflammatory diathesis,

℞. Myrrh. pulv. gr. x.—xv.—ʒss.

Syr. simp. q. f. m. f. bol. ter quaterve in die sumend. cum haustu supra præscript.

Direct the patient to drink mephitic, Seltzer, or Pyrmont water.

Notwithstanding the remittent form of the fever may indicate the use of the bark, it ought not to be given, as it certainly is found to aggravate all the symptoms. The vitriolic and vegetable acids are proper when they do not affect the bowels, and perhaps of all others that of ripe subacid fruits is the best, as it is extremely grateful, and while it counteracts the effects of absorption, it generally relieves

the diarrhœa ; for which purpose also the following is extremely useful :

℞. Verb. alb. ʒj. coque in aq. puræ ℥ij. ad colat. ℥j.
Syr. althææ ʒj. m. capt. ʒiij. 4ta quaque hora.

Or the decoct. cort. inter. ulm. will be proper.

The digitalis has been given in this stage, it is said, with good effect. Swinging for an hour before the accession of the febrile paroxysms should be recommended. The breathing an air impregnated with flor. zinc. reduced to the finest dust, or lap. cal. or manganese.

Sea-sickness has produced good effects.

For the cough the following will be advisable, and they will also relieve the diarrhœa :

℞. Amyli ʒss.
Aq. font. ʒvij.
Syr. althææ ʒss. m. capt. cochl. ij. vel iij. 4tis horis
vel urgenti tussē.

Vel,

℞. Gum. arab. pulv. ʒss.
Aq. fervent. ʒifs.
Syr. althææ ʒj. m. f. haust. 3tis vel 4tis horis
sumend.

The propriety of giving opiates in this disease is a disputed point. From some experience, and from the report of others, I can say, that when no inflammatory symptoms existed, they have been given with very good effect. They have allayed the cough, relieved the diarrhœa, and procured comfortable nights, without the ill effects laid to their charge by those who object to their use.

It must be recollected, that in this disorder the
tubercles

tubercles advance to inflammation and suppuration in succession, producing frequent changes of the symptoms; all which must be diligently attended to in the treatment.

CHAP. V.

Of the HÆMORRHOIS, or PILES.

CHARACTER.

Capitis gravitas et dolor; vertigo, lumborum dolor; dolor ani; circa anum tubercula livida dolentia, e quibus plerumque profluit sanguis, qui aliquando etiam, nullo tumore apparente, ex ano stillat.

SYMPTOMS.

Tumours at the inferior part of the rectum, sometimes within the sphincter ani, and sometimes without, from which blood is most frequently discharged. They are sometimes extremely painful, especially upon going to stool.

This disease ought to be removed as soon as possible, unless it hath become habitual by long continuance, when it would not only be improper, but even dangerous to suppress it, as it might prove the cause of apoplexy, or palsy, &c.

REMOTE CAUSES.

Plethora, costiveness, prolapsus ani. The frequent use of aloetic purges, stimulating food, spirituous liquors, and a lax state of the rectum.

CURE.

Plethora must be removed or prevented by the means

means mentioned, p. 124. Costiveness must be obviated by laxative medicines.

℞. Elect. fennæ ʒj.

Flor. sulph. lot.

Chryst. tart. āā ʒss.

Syr. q. f. m. f. elect. capt. nuc. mosch. mol. h. f. quotidie vel pro re nata.

Vel,

℞. Balf. capiv. ʒj. capt. cochl. j. min. in paulo sacchari semel vel bis in die, vel pro re nata.

Vel,

℞. Ol. ricini ʒss.—ʒj. horâ somni quotidie, vel ter in hebdomade.

In case of extreme pain and tumefaction, apply leeches, or foment the parts, and use the following liniment :

℞. Adip. suillæ ʒj.

Flor. sulph. ʒij.

Opii pulv. subit.

Camphor. āā ʒj. m. f. liniment.

If the disease proceeds from a prolapsus ani, great pains must be used to reduce it immediately after every stool ; and if the prolapsus proceeds from costiveness, the above laxatives will be proper ; if from a relaxed state of the parts, astringents. The following will be a proper topical application :

℞. Pulv. gall. subit. ʒj.

Adip. suillæ ʒj. m. f. ungt.

And direct the anus to be frequently washed with cold water, or some astringent lotion.

℞. Decoct. cort. querc. ʒvj.

Alum. ʒij. m. f. lotio.

If there is great hæmorrhage, order astringents internally

ternally as well as externally. Apply a piece of candle smeared with the ointment of galls ordered in the last page. All the remote causes must be avoided in the cure, and afterwards for preventing the return of the disease.

CHAP. VI.

Of the MENORRHOEA, or IMMODERATE FLOW of the MENSES.

CHARACTER.

Dorsi, lumborum, ventris, parturientium instar, dolores; menstruorum copiosior, vel sanguinis e vagina præter ordinem fluxus.

SYMPTOMS.

When the menstrual discharge is in greater quantity than usual, attended with more or less of pyrexia, and has caused great debility, weak pulse, quick breathing, coldness, and œdema in the lower extremities towards evening, with great pain in the back and loins; or if it flows in great quantities suddenly, so as to immediately endanger the patient's life, we call it an immoderate discharge, or flooding.

REMOTE CAUSES.

Plethora, strong liquors, violent exercise, strains, shocks, contusion of the lower part of the abdomen. Violent passions of the mind, excess of venery, or the exercise of in menstruation; costiveness, cold applied to the feet. Abortions, difficult, tedious labours, and general relaxation of the system,

tem, by too great an indulgence in warm enervating liquors.

PROXIMATE CAUSE.

Greatly increased action of the uterine vessels, laxity of their extremities, and rupture of them.

CURE.

All the remote causes must be avoided. When the discharge is very copious and attended with symptoms of pyrexia and plethora, order bleeding in the arm, total quiet and a decumbent posture. The patient should lie upon a hard matras, must be lightly covered with bed-clothes, and the chamber must be kept very cool.

A cooling diet will be proper, and refrigerating medicines, giving cold water to drink, and in some cases it must be applied to the lower part of the abdomen, and laxative clysters must be given; and all the general means employed, that were recommended in active hæmorrhage. Dry cupping the breasts has been found extremely efficacious, frequently abating or suppressing the discharge instantly. A blister to the abdomen.

There is very great irritability in this case, which renders the use of opium generally necessary.

℞. Decoct. cinchonæ ℥ij.

Alum. com. gr. x.

Tinct. opii gtts. xx. m. f. haust. 3tia quaque hora sumend.

Vel,

℞. Infus. ros. ℥ij.

Sal. nitri gr. x.

Tinct. opii gtts. xx. m. f. haust.

In the intervals of menstruation, to prevent a recurrence, the remote causes must be carefully avoided, and the system braced by tonics (chalybeates especially) and cold bathing.

CHAP. VII.

Of HÆMATEMESIS, *or* VOMITING *of* BLOOD.

That blood thrown out of the mouth proceeds from the stomach, we know by its dark colour, and grumous quality, by its being brought up evidently by vomiting, by its being mixed with the contents of the stomach; and it is generally preceded by weight, pain, sickness, and anxiety, in the region of that organ.

REMOTE CAUSES.

Plethora, accompanied by a peculiar determination to the stomach. Suppression of some habitual hæmorrhage from some other parts. Suppression of the menses, or a long accustomed hæmorrhoidal discharge, enlargement of the spleen compressing the *vasa brevia*, or of the liver, pressing the *vena portarum*. External violence, and violent straining in vomiting.

CURE.

This is seldom to be considered as a case of active hæmorrhage. When it is, and depends upon evident plethora, bleeding, and the other general remedies for that disease must be ordered.

If

If it is the consequence of suppressed accustomed evacuations, we must endeavour to restore them by proper methods. If it is the hæmorrhoidal discharge, the return of it must be solicited by applying *lêeches* to the hæmorrhoidal veins once a week or fortnight, and poultices and fomentation; and if the catamenia, by the means ordered in that case. The removal of the enlargement of the viscera must be attempted by a mercurial course, blisters, &c. If it proceeds from a relaxation of the system and vessels of the stomach, astringents and tonics will be necessary.

Every irritation must be avoided, and quiet strictly enjoined.

CHAP. VIII.

(Of HÆMATURIA, or HÆMORRHAGE from the URINARY PASSAGE.

This is most commonly a symptomatic disease, and very rarely idiopathic.

It is generally caused by a laceration or erosion of the pelvis, of the kidneys, ureters, bladder, or urethra, by calculi, venereal virus, or the improper use of the catheter, or syringe.

In this case the antecedent and attendant symptoms will shew the nature of the disease and its seat, whence the treatment will be understood. Every thing that may irritate the urinary passage or organs must be avoided, and the intestines emptied

L . . . by

by laxative medicines and clysters, and the patient kept quiet.

If it is idiopathic, and produced by the general causes of active hæmorrhage, pursue the means recommended in that case.

A discharge of bloody urine is sometimes caused by a suppression of an hæmorrhoidal flux, and some cause, determining the blood into the vessels of the neck of the bladder, and in this case it often flows unmixed with urine, and is called the hæmorrhoides vesicæ. It is to be treated upon the same general plan as hæmorrhoids.

In some cases the discharge takes place without any pain in the kidneys; then a small quantity of blood should be drawn, and afterwards tonics and astringents should be given, such as steel, and bark; and opiates should be administered. Cold bathing, and Neville Holt water should be recommended.

From what has been said it will be seen that hæmorrhages are of two kinds, the one arterial, and attended with inflammation, the other venous, owing to a deficiency of venous absorption, or a delay in the veins from debility of their coats. These of course require very different methods of treatment. The former are to be cured by the antiphlogistic regimen, and the latter by astringents, tonics, and opiates.

Bloody urine is a frequent symptom in putrid diseases, and it always denotes a high degree of putrescency.

It is sometimes of consequence to ascertain whether

ther blood is mixed with the urine, and the following means will detect its presence.

No part of urine that does not contain blood is coagulable in a heat equal to that of boiling water; if therefore any part becomes coagulated and separated by that degree of heat, it proves that the urine contains blood.

No other than bloody urine will tinge linen dipped into it of a red colour.

Urine is always transparent when first made, however high coloured it may be, if there is no blood in it.

When it separates and settles, its particular grumous appearance will sufficiently point it out.

B O O K V.

P R O F L U V I A.

C H A R A C T E R.

PYREXIA cum excretionē aucta naturaliter non sanguinea.

C H A P. I.

CATARRHUS, *or* CATARRH.

C H A R A C T E R.

Pyrexia sæpe contagiosa, muci ex glandulis membranæ narium, faucium, vel bronchiorum excretio aucta; saltem hujus excretionis molimina.

SYMPTOMS.

This disease generally begins with a stoppage of the nose, and consequent difficulty of breathing through it; there is a dull pain in the forehead, the eyes are full and watery, and in the progress of the disease there is a great discharge of mucus from the nose. There are often shiverings, and always a sense of cold, and towards evening a frequency of the pulse.

Sometimes there are, hoarseness, soreness of the trachea, cough, lassitude, thirst, and the appetite is impaired, as are also the smell, and taste. The cough is at first dry, but an expectoration comes gradually on.

When the contagious catarrh appears, it spreads more than any epidemic known: it is seldom confined to one part of Europe, and it appears even to have reached the American continent, after beginning in Europe.

REMOTE CAUSES.

Cold applied to the surface of the body, and sometimes contagion.

PROXIMATE CAUSE.

An increased afflux of the fluids to the mucous membrane of the nose, fauces, and bronchiæ, attended with some degree of inflammation.

PROGNOSIS.

This disease is not dangerous in young people, and those of a sound constitution; but when it attacks such as are of a consumptive habit, or advanced in years, it is sometimes attended with danger,

ger, laying the foundation of phthisis in the former instance, and of peripneumonia notha in the latter.

CURE.

In the common slight degree in which this disease generally appears, little more is necessary for the patient than abstinence for a few days from animal food, avoiding the cold air, and taking mild tepid liquids.

If symptoms of much inflammation are present, bleeding may be necessary, with laxatives, and nauseating doses of antimonium tartarifatum to determine to the skin; and Mudge's inhaler may be used in the beginning with great advantage, and when expectoration comes on, assist it by the means pointed out p. 55. If the determination to, or congestion in, the lungs appears considerable, besides the general remedies mentioned above, topical bleedings and blisters will be proper.

If the cough should be troublesome after the inflammatory diathesis is removed, it will be effectually and safely relieved by opiates.

Rubbing the nose externally with oil (probably some ointment would be better) is recommended, when the mucous membrane of the nose is much affected. It is a common practice with nurses to rub the child's nose with tallow, when it has a cold in its head, as it is called, and I am informed that it generally removes it very soon,

CHAP. II.

DYSENTERIA, *or* DYSENTERY.

CHARACTER.

Pyrexia contagiosa; dejectiones frequentes mucosæ, vel sanguinolentæ, retentis plerumque fæcibus alvinis; tormina, tenesmus.

SYMPTOMS.

The dysentery is preceded generally by costiveness and unusual flatulency in the bowels; and sometimes by cold shiverings: griping, and frequent desire of going to stool succeed these symptoms, wherein little is discharged, and the stools are always attended with tenesmus; they increase in frequency, as do the griping and tenesmus. There is generally pyrexia, which sometimes exhibits an inflammatory, sometimes a remittent, and often a putrid, type. The stools vary in colour and quality in the course of the disease; they are mucous, frothy, or mixed more or less with blood, and sometimes pure blood is voided; at other times they are purulent, or sanious and highly offensive, and with the discharge there is frequently a mixture of membranaceous films. It is seldom that any natural fæces appear, except in the form of scybala, which always relieve the griping stools and tenesmus, and render them less frequent and violent.

With these symptoms the patient has nausea, vomiting, anxiety about the præcordia, frequent
borborygmi,

borborygmi, and, in the advanced stage of the disease, cold sweats and hiccough.

In the beginning the small intestines seem most affected, but towards the end of it the rectum appears to sustain almost the whole force of the disease.

REMOTE CAUSE.

Supposed to be specific contagion.

PROXIMATE CAUSE.

Spasmodic constriction of the colon.

PROGNOSIS.

If in the beginning the stools are copious, and the pain attending them is moderate, if the gripings and tenesmus are not violent, if the nausea and vomiting are not in a great degree, if the fever is slight, and the strength not much impaired, we may hope for a favourable event: on the contrary, when the attempts at stool are very frequent and painful, and nothing comes away; when the tenesmus and gripings, already severe, increase; when there are symptoms of great debility, foetor in the stools, hardness of the abdomen, miliary eruptions, petechiæ, vibices, fainting, coldness of the extremities, and hiccough, the greatest danger is to be apprehended.

CURE.

If there are high inflammatory symptoms in the beginning, bleeding will be proper; but as a putrid diathesis is frequently attendant, the practitioner must attend diligently to the symptoms and other circumstances before he ventures upon that

measure. An emetic and gentle laxatives should be ordered in the first place. Rhubarb, so often prescribed here, seems a very improper medicine. Small doses of ipecacuanha, or antimonium tartarificatum, given so as to pass by the intestines, have the most beneficial effects.

℞. Ipecac. pulv. gr. j. —ij.

Cret. ppt. gr. vj.

Syr. q. s. m. f. bol. secunda quaque hora sumend. cum haustu sequenti.

℞. Kali præparat. ℥j.

Succ. limon. recent. ℥ss.

Aq. menth. fativæ ℥iss. m. f. haust.

Vel,

℞. Antimon. tartarif. gr. $\frac{1}{4}$

Aq. menth. fativæ ℥iss.

Syr. s. ℥j. m. f. haust. 2dis horis sumendus.

I have found the following medicine extremely serviceable; it generally produces a discharge of scybala and fæces, which always has good effects:

℞. Magnes. vitriol. ℥iss.

Aq. fervent. ℥vij.

Ol. ess. menth. pip. gtts. ij.

Tinct. opii gtts. xxx. m. f. mist. capt. cochl. iij. amp. 3tia vel 4ta quaque hora.

Vel,

℞. Ol. ricini ℥j. (in vitel. ov. sub.)

Decoct. hordei ℥j.

Tinct. opii gtts. x. m. f. haust.

Vel,

℞. Sodæ phosphorat. ℥ij.

Aq. fervent. ℥vj.

Ol. olivar. ℥j.

Tinct. opii gtts. xx. m. f. mist. sumant. cochl. iij. 3tis horis.

Some of these are to be given daily, and after their operation an opiate.

℞. Aq. menth. sativæ ℥iss.
Tinct. lavend. comp.
Syr. simp. āā ℥j.
Tinct. opii gtts. xx. m. f. haust.

Vel,

℞. Pulv. ipec. comp. ℥j. quartis vel sextis horis.

Laxative anodyne clysters should be frequently injected.

The semicupium, fomentations of the abdomen, and blisters to that part, are also good auxiliaries, and they generally relieve the gripes, for which also the following are proper :

℞. Decoct. sem. lini ℥ij.
Extract. hyosciami gr. ij.—v. m. f. haust. urgent. torminib. sumend.

Vel,

℞. Ol. amygd. dulc. ℥j.
Vitel. ov. q. s.
Decoct. hordei ℥vj.
Syr. althææ ℥j.
Extract. hyosciam. gr. xv.—℥j. m. f. mist. capt. cochl. iij. amp. urgent. torminibus.

For the tenesmus starch clysters, with the tinctura opii, are generally efficacious.

℞. Amyli pulv. ℥ss.
Jusculi tepid. ℥xij.
Tinct. opii ℥j. m. f. enema urgenti tenesmo injiciendum.

From the proximity of the neck of the bladder to the rectum, it will easily be conceived that a considerable

considerable degree of strangury will often harass and distress the patient, as well as the tenesmus, which will also be relieved by the glysters, and fomentations of the pelvis and perinæum.

The Angustura bark and brucea antedysenterica are said to be specific in this disease; but that remains to be confirmed by longer experience than these medicines have yet afforded. The vitrum ceratum antimōnii is recommended; and the arnica montana is spoken highly of by Stoll, and other German physicians, which may be tried first in the infusion, and then in powder. See the formulæ.

A milk diet is proper, and in the first stage the subacid fruits may be allowed, in moderation, with advantage: in the more advanced state of the disease an acid frequently prevails in the stomach, when, of course, they would be improper, and absorbents must then be given.

R. Mist. cretac. ʒvj.

Tinct. card. comp. ʒss. m. capt. cochl. iij. amp. ʒtia
quaque hora.

If a putrid diathesis prevails, antiseptics must be given; but such must be ordered as have no astringent quality, as camphor, the neutral salts, and subacid fruits.

When the dysenteric symptoms are removed, and a diarrhœa remains, we may then venture upon gentle astringents, and the cinchona.

In the advanced stage the patient's strength must be supported by cordials and a proper diet.

CLASS II.

Neuroses, or Nervous Diseases.

CHARACTER.

SENSUS et motus læsi, sine pyrexia idiopathica, et sine morbo locali.

BOOK I.

(COMATA, or LOSS of VOLUNTARY MOTION.

CHARACTER.

MOTUS voluntarii imminuti cum sopore, sine sensuum feriatiōe.

CHAP. I.

Of APOPLEXIA, or APOPLEXY.

CHARACTER.

Motus voluntarii fere omnes imminuti, cum sopore, plus minusve profundo, superstite motu cordis et arteriarum.

SYMPTOMS.

In this disease the whole of the external and internal senses, and all the voluntary motions, are in a great measure abolished, while the action of the heart

heart and respiration are performed. It commonly attacks those advanced in years, especially such as are above sixty years of age. It is sometimes preceded by giddiness, head-aches, epistaxis, false vision, deafness, numbness of the extremities, loss of memory, frequent drowsiness, faltering of speech, and frequent fits of the incubus. It generally comes on suddenly, the patient falling down, deprived of all voluntary motion; sometimes one side is more affected than the other; he lies as if in a profound sleep, attended with loud snoring; the face and eyes are bloated and red, and respiration difficult and laborious, and the pulse is slow and full.

PREDISPOSING CAUSES.

A certain age mentioned above, large head, short neck, corpulent habit, an indolent life, intense application, full diet, frequent intoxication, a suppression of an habitual and copious epistaxis, hæmorrhoidal, or other discharges.

OCCASIONAL, or EXCITING CAUSES.

Violent exercise, violent anger, a full long-continued inspiration, great external heat, intoxication, warm bathing, stooping with the head down, tight ligature about the neck, the spring season, external violence, fracturing the skull, rupturing the blood vessels of the brain or its meninges, or depressing the cranium: over-distension of the blood vessels of the brain or membranes, or a rupture of them.

PROXIMATE CAUSE.

Whatever interrupts the motion of the nervous
power

power from the brain to the muscles of voluntary motion.

DIAGNOSIS.

It will be distinguished from the palsy by the state of the pulse, by the difficult respiration, appearance of sleep and stertor, and by *all* the powers of volition being affected; from syncope by the pulse; and from epilepsy by the stertor, sopor, and absence of convulsions.

PROGNOSIS.

The danger will be in proportion to the violence of the attack, that is, to the degree in which the powers of sense and motion are affected, and the difficulty of respiration. When the breathing is greatly interrupted, when there is a frothing at the mouth, and cold sweats, death is soon to be apprehended. The power of swallowing being gone, bloody, or dark red coloured urine, are symptoms indicating great danger.

If it continues beyond the fourth day, without abatement, it is generally fatal; but if over the seventh, they often recover. They often die the first, second, or third day. Celsus remarks, *post emissionem sanguinis, si non redit et motus, et mens, nihil spei superest; si redit, sanitas quoque prospicitur.*

A recurrence of an habitual hæmorrhoidal flux, or epistaxis, frequently removes the disease.

CURE.

There are two species of apoplexy—the sanguinous and serous. The former arises from an over-

over-distension or rupture of the blood vessels of the brain or its membranes, and consequent effusion of blood; the latter from an effusion of lymph or serum in the cavities of the brain, or upon or between its membranes. Except when the serous apoplexy is caused by general dropsy, both diseases require nearly similar treatment. The general practice is to begin by copious and repeated blood-lettings from the jugular vein or temporal artery, and when that will not succeed, from the arm. But I own I am, inclined to think, with many others, that large bleedings are very likely to produce great mischief, instead of the good expected from them. The ill success that attends the practice is one reason for adopting some other. But it may be said in answer to this, that the disease is of so extremely dangerous a nature, that few can be expected to recover from it. This, I am afraid, is but a bad reason for continuing it; for if the disease is so very dangerous, it surely calls loudly for a trial whether other means will not be more efficacious.

Let us consider the causes of the disease. One of the remote causes, which is but one step removed from the proximate cause, is an effusion of blood or lymph (for I do not speak now of apoplexy from external injury) on the brain. It comes on at a time of life when venous accumulation takes place, and venous absorption and circulation begin to be less vigorously performed; and we know that this takes place more especially in the returning blood vessels of the encephalon: but deficiency of venous absorption is generally, if not
always,

always, attended with debility, or a deficiency of proper tone in these vessels: on this view of the case, can these large bleedings, which will induce the greatest and most lasting debility, tend to promote the absorption of the effused fluid, which is the cure of the disease? Nay, may they not be the means of actually weakening the patient to death?

I should advise one bleeding from the arm, or perhaps it would be better from the head, either from the temporal artery, or the jugular, or the occipital veins, by cupping. The head should be shaved, and almost continually fomented with warm stimulant fomentations, or blistered. An emetic should be forced down if possible, or a table-spoon-full of salt dissolved in a small quantity of water. Small electric shocks should be sent through the head. Blisters should be applied to the spine, arms, thighs, and legs, and sinapisms to the feet. Might not salivation quickly induced by rubbing in mercurial ointment be of considerable advantage, and powerfully promote the absorption of the extravasated fluid? Leeches and fomentations to the hæmorrhoidal veins should be advised, if the patient has had the hæmorrhoids suppressed.

Acrid purging medicines must be thrown up in Clysters, and given by the mouth, if the power of swallowing remains in any degree.

℞. Vin. alcōs ℥ij.—℥iiij.

Aq. puræ ℥vj.

Tinct. jalap. ℥ij.—℥ss. m. f. enema.

℞. Pulv.

R. Pulv. jalap.

—— scammon. āā gr. xv.

Ref. jalap. (sp. vin. trit.) gr. vj.

Aq. puræ ʒij.

Tinct. jalap. ʒj. m. capt. dimidium statim, et semi-
horâ elapsâ, residuum.

It is doubtful whether mere stimulants are of use here, and it is to be apprehended they may do harm. Pressure of the carotid arteries may be very serviceable, and the patient should lie with his head as much elevated as he can conveniently bear.

The disease is to be prevented by avoiding the exciting causes, and such of the predisposing ones as are in our power; preventing plethora by abstinence and regular proper exercise, by issues, setons, and keeping the body open, and by restoring suppressed habitual discharges.

The strength of the system should be restored by chalybeates and the bark.

CHAP. II.

Of PARALYSIS, or PALSY.

CHARACTER.

Motus voluntarii nonnulli tantum imminuti, sæpe cum sopore.

SYMPTOMS.

In this disease the patient is affected with a loss of voluntary motion and feeling, but only in some parts of the body at once. It is most commonly confined to the muscles of one side, and is then called hemiplegia. When the muscles of the
whole

whole body are affected, it is named paraplegia, and when one limb only, paralyfis. A sense of weight, numbness, paleness, and impaired motion, often precede the attack in the part about to be affected. The pulse is slow.

REMOTE CAUSES.

Compression of the brain from any of the causes mentioned in apoplexy. Injury of the nervous system from intemperance, certain poisons received into the body, lead in particular; preceding apoplexy, colica pictonum, injuries done to the spinal marrow, sudden fright, and old age.

PROXIMATE CAUSE.

The same as in apoplexy.

DIAGNOSIS

Will be understood from what was said in the chapter.

PROGNOSIS.

The older the patient the less chance there is of recovery. The third attack is generally fatal. Pain, numbling, prickings, or warmth, in the parts affected are favourable symptoms. A fever or diarrhoea sometimes removes the disease.

CURE.

When the palsy proceeds from the first-mentioned remote cause, the treatment must be the same as was recommended in cases of apoplexy. When apoplectic symptoms are removed, and a fever remains, or when it arises from the other causes injuring the nervous influence, stimulants,

M

external

external and internal, must be employed. The external ones are, blisters, and rubefacients, such as mustard epithems, washing the body or limbs with infusions or decoctions of mustard seed, or horse-radish, in water; stinging with nettles, stimulating, volatile embrocations, and liniments.

℞. Spt. vin. rect. ℥ij.

Aq. ammoniæ ℥ij. m. f. embrocatio.

I have seen surprising effects from the following plaister applied the whole length of the spine, which is to be frequently renewed, and worn for some time.

℞. Pic. Burg. ℥vij.

Gum. euphorb. ℥j. m. f. emp.

The internal stimulants are,

℞. Sem. finap. cont.

Conf. cort. aurant. āā ℥j.

Syr. zinz. q. f. m. f. elect. capt. nuc. mosch. molem bis
in die quotidie.

Vel,

℞. Rad. raphan. rust. ℥iv.

Allii sativi ℥ij. tere et macera in aq. bullient. ℥iv. in
vas. claus. per hor. 24, et cola. capt. ℥iv. ter in die.

Or the rhad. raph. rust. may be taken conveniently in large quantities, unbruised, as recommended p. 78. A large spoonful of mustard seed may be taken three times a day, washed down with a little wine and water.

The following medicine has been tried, and is strongly recommended:

℞. Fol.

℞. Fol. doron. germanic. off. (the arnica montan. Lin.)
3j.
Aq. bullient. ℥j. macera per horas tres et cola. Doſ.
℥iv. quater in die.

Quantitas doronici augeri poteſt ad drachmas duas
infuſionis libra una. It always excites vertigo,
ſea, and ſtools; and ſometimes a profuſe ſweat-
of the head.

Volatile ſalts, and the ſœtid and ſtimulating gums,
y be tried :

℞. Tinſt. guaiac. ammoniat.

Vel,

℞. Aq. ammoniæ ſœtid. capt. gtts. xxx. vel xl. ter die.

℥ mercurials.

The Bath waters are ſerviceable in this caſe, and
ſpecially where hard drinking, or the colica picto-
m, has been the cauſe of the diſeaſe. The cold,
in ſome caſes, warm bath ſhould be recom-
ended.

If it ariſes from poiſonous ingeſta, of which lead
the moſt frequent, added to the other means, a
uſe of ſtimulating purges and clyſters will be
ſſary, to detach the plumbous particles from
intestines.

The bark has not been found ſerviceable here.

The diet ſhould be light, nourishing, and ſtimu-

63.

B O O K II.

A D Y N A M I Æ.

C H A R A C T E R.

MOTUS involuntarii, five vitales five naturales, imminuti.

C H A P. I.

Of SYNCOPE, or FAINTING.

C H A R A C T E R.

Motus cordis imminutus, vel aliquandiu quiescens.

There is no occasion to describe the appearance and symptoms of a disease so common and well known as fainting; but it may not be improper to observe, that it frequently ends in convulsions, or an epileptic fit.

R E M O T E C A U S E S.

A sudden depletion of the blood vessels of the brain, lessening its energy. Sudden violent joy, sudden relief from great pain, great terror or horror, certain odours.

Organic affections of the heart, such as an aneurism of the heart, or the great vessels near it; a polypus in its cavities or great vessels, ossifications of them, or its valves.

PROXIMATE

PROXIMATE CAUSE.

A weakened motion, or a cessation of the action of the heart and arteries.

CURE.

If the paroxysm continues long, we must recover the patient by obviating the occasional cause, by stimulants applied to the nose, and, if it proceeds from an hæmorrhage, a recumbent posture generally removes it. We must remove the tendency to it by strengthening the system, and correcting its mobility and irritability.

CHAP. II.

Of DYSPEPSIA, or INDIGESTION, &c.

CHARACTER.

Anorexia, nausea, vomitus, inflatio, ructus, rumination, cardialgia, gastrodynia, pauciora saltem, vel plura simul concurrentia; plerumque cum alvo districta, sine alio, vel ventriculi ipsius, vel aliarum partium morbo.

SYMPTOMS.

A squeamishness, want of appetite, vomitings, transient and sudden distensions of the stomach, ructations, heart-burn, pain in the stomach, costiveness, a weight, oppression, great uneasiness and anxiety after eating; listlessness and lowness of spirits, are the attendant phænomena of dyspepsia.

The remote causes are of two sorts; the first acting immediately on the stomach itself, and the

second upon the whole system, or part of it, and thence affecting that organ.

Of the first sort are,

1. An immoderate use of sedative narcotic substances, such as

Tea,

Tobacco,

Coffee,

Opium, ~~+~~

Ardent spirits,

Acescents,

And a long-continued use of bitters and aromatic stimulants in the food. ~~+~~

2. Frequent and copious drinking of warm watery liquids.

3. Frequent immoderate repletion of the stomach.

4. Frequent vomiting, spontaneous or excited.

5. Frequent spitting of the saliva.

The second sort are,

1. A sedentary indolent life.

2. Disorderly passions.

3. Intense study.

4. Excess in venery.

5. Immoderate use of vinous or spirituous liquors.

6. Humid cold air, without its effects being corrected by exercise.

PROXIMATE CAUSE.

Loss of tone, and weakness of the muscular coat of the stomach,

The cure will consist in restoring the tone of the stomach, and palliating the present symptoms. Be-
gin

gin by removing the crudities that may be in the stomach by emetics.

The symptoms arising from acidity will be relieved by alkalies or absorbents. Lime water is proper, or the following:

℞. Magnes. alb. ʒj.
 Pulv. rhab. gr. vj.
 Aq. menth. fativæ ʒiſs.
 Tinct. amaræ ʒſs. m. f. haust. bis die vel pro re nata
 ſumend. *Magnus: Cole, 24 equal to ʒi of Magn.*

So great is the generation of acid sometimes, that as Kœmpf rather coarsely, but strongly, ſays, the patient ſeems to have a vinegar brewery in his ſtomach, and it will not yield at all to the ordinary remedies. The following pills are ſaid effectually to correct it:

℞. Aſæ fœtid.
 Fel. bov. āā. ʒij. m. f. pil. mediocres. Sumat. iij.—vj.
 ter die.

The patient ſhould eat very ſparingly of vegetables, and thoſe of the leaſt acceſcent kind. In moſt caſes of dyspepſia there is a torpor in the ſkin, which is certainly connected with the ſtomach; on this idea I have ordered a large Burgundy pitch plaſter to be applied to the whole epigaſtrium, to be long worn, and repeated pro re natâ, ſo that a conſtant heat and redneſs may be kept up in the part, and it has been evidently uſeful.

Coſtiveness muſt be prevented, for which purpoſe the ſtomachic purgatives, which are the leaſt ſtimulant, are the moſt proper, ſuch as the following:

℞. Infuſ. amar. purg. ʒiſs.
 Tinct. ſennæ ʒj. m. f. haust. ter in ſeptimanâ vel pro re nata ſumend.

Vel,

- ℞. Rad. rhab. incif. ʒiij.
 Cort. aurant. ʒij.
 Sem. card. contuf. ʒfs.
 Fol. fennæ ʒj. Macera in aq. bullient. ʒvj. in vaf.
 clauf. per horas 24 et cola.

- ℞. Hujus colaturæ ʒifs.
 Tinct. fennæ ʒj. m. f. hauft.

Vel,

- ℞. Pulv. aloës cum guaiac. ʒj.
 Antimon. tartarif. gr. iij. m. f. pilul. No. xij. capt. j.
 ter die.

Vel,

- ℞. Aloës fuccotrin.
 Sapon. venet.
 Pulv. rhab. āā ʒj.
 Syr. q. f. m. f. pilul. No. xxxvj. capt. ij. vel iij. h. f.
 et mane.

Flatulency will be relieved by the following :

- ℞. Æther. cochl. minim. urgenti flatu in aq. menth. pip.
 fumend.

Vel,

- ℞. Tinct. cardamom.
 Tinct. lavend. comp. āā ʒfs. m. capt. cochl. j. minim.
 in aq. menth. pip. cyatho urgenti flatu.

Vel,

- ℞. Tinct. aſæ foetid. ʒfs.
 Aq. menth. pip. ʒifs. m. f. hauft.

The vomiting, which is frequently a very diftrefling and troublefome fymptom, is beft relieved by opiate clyfters; the vomiting after meals is often prevented by giving an opiate an hour before them; and the anxiety, weight, and oppreffion after eating, by the aromatics above; a little fpace of any kind, as a few pepper corns immediately after dinner.

The

The tone of the stomach must be restored by tonics.

R. Decoct. cinchonæ ℥iss.

Tinct. gentian. comp. ʒj. m. f. haust. ter in die sumend.

Vel,

R. Quassia lign. ʒij.

Aq. fervent. ℥ij. macera et cola.

R. Hujus colatur. ℥iss.

Tinct. card. comp. ʒj.

Pulv. rhab. gr. v. m. f. haust. ter in die sumend.

Vel,

R. Pulv. cort. Angust. gr. x.—ʒj.

Aq. menth. sativ. ℥iss.

Pulv. rhab. gr. vj. m. f. haust. ter in die sumend.

Vel,

R. Pulv. cort. Angust. ʒj.

Aq. fervent. ℥j. Macera et cola.

R. Hujus colaturæ ℥iss.

Pulv. rhab. gr. vj.

Tinct. cin. comp. ʒj. m. f. haust.

Vel,

R. Pulv. cort. Angust. ʒj.

Spt. vin. tenuioris ℥j. Digere per dies octo et cola.

R. Tinct. supra prescript. ℥iss.

Aq. puræ ℥iss.

Pulv. rhab. gr. vj. m. f. haust.

Vel,

R. Pulv. cinchonæ ʒj.

Cort. aurant. ʒij.

Aq. fervent. ℥j. macera per horas 24 et per chartam cola.

Vel,

R. Cort. cascarill. c. p. ʒj.

Cort. aurant. ʒij.

Macera in aq. fervent. ʒxviij. et cola.

R. Infus. hujus ℥iss.

Tinct. cardamom. ʒj. m. f. haustus ter die sumendus.

The

The neutral salts may be added to the tonic medicines, or give the following :

℞. Sal. nigri ℥ss.

Aq. puræ ℥iv. solve et adde

Acid. muriat. ℥ij. m. capt. cochl. j. vel. ij. minim. bis
die in aq. puræ cyatho.

Chalybeates are proper.

℞. Rubig. ferri,

Conf. cort. aurant. āā ℥j.

Syr. cort. aurant. q. f. m. f. elect. capt. nuc. mosch.
mol. ter in die superbib. cyathum infusi florum chamæmel.

I would particularly recommend the Bath waters, from their experienced efficacy in this case.

The patient must be directed to take proper exercise, a light, non-acrescent diet ; biscuits must be used instead of fermented bread : food must be taken in small quantities, and often ; and he must be ordered to use the cold bath, and cautiously to avoid the occasional causes ; and the physician will have occasion for all his address to persuade him to observe the last of these necessary directions.

Dr. Cullen strongly recommends the tar water ; which is prepared in the following manner :

Put two pounds of tar into a gallon of water ; being well stirred together, let them stand for two days to subside. The patient must take from a pint to a quart in twenty-four hours.

Fermented liquors should be prohibited, and wine and water, or weak spirit and water, taken in their stead.

C H A P. III.

Of the HYPOCHONDRIASIS, or HIP.

C H A R A C T E R.

Dyspepsia cum languore, mœstitia, et metu, ex causis non equis, in temperamento melancholico.

S Y M P T O M S.

Lowness of spirit, and listlessness, both of which the patients love to indulge, especially the latter, inso-much that it is extremely difficult to prevail upon hypochondriac people to move or use any exertion; an apprehension of being affected with various diseases, timidity, and languor, and more or less of the symptoms of dyspepsia.

D I A G N O S I S.

Though this disease is attended with many of the symptoms of dyspepsia, it will be distinguished from it by the following circumstances:—In hypochondriasis the dyspeptic symptoms are less violent, and sometimes absent, while the excessive timidity, sadness, apprehension of evil, and languor, are always present in a considerable degree. In dyspepsia the dyspeptic symptoms are always present in a greater degree, while the timidity, languor, &c. are less, and sometimes absent, and seem only occasional attendants upon the disease.

C U R E.

In the cure the stomatic symptoms are to be relieved by some of the means recommended for
their

their relief in dyspepsia, but in this case tonics are not indicated; there does not appear to be a want of tone, but of activity in the circulating powers, which is evident from this circumstance, that cold bathing injures hypochondriacs, while, on the contrary, warm bathing is of service to them.

The chief consideration is the amusement of the mind, which must be attempted by every means, and with all our address, and very nice conduct is necessary in the management of these patients.

Their apprehension of evil, however ill founded or ridiculous it may appear, must not be treated with levity; every apprehension is to them a reality, and they cannot bear to have their complaints and fears laughed at, or treated with raillery, and reasoning upon them will have no good effect.

The mind must therefore be diverted from itself, the train of thoughts must be interrupted by amusements of various sorts, adapted to the disposition and circumstance; by attention to business, when it is not attended with fatigue and anxiety; by hunting, shooting, and other field diversions; progressive journies on horseback, where the scene will be constantly changing, and Bath may be recommended; and within doors, cheerful company, and cards, where the stake is not great, or late hours the consequence, afford an amusement well adapted to hypochondriac cases. Amusing books will be proper; and in this case, Placebos will be certainly adviseable.

B O O K III.

Of SPASMI, or SPASMS.

CHARACTER.

Musculorum, vel fibrarum musculorum, motus abnormes.

Of these affections there are two general species—spasms and convulsions, and they consist of involuntary contractions of the muscles. When there is a rigid contraction, continuing long without relaxation, it is called a spasm; when there are successive contraction and relaxation, they constitute a convulsion.

When spasms are principally confined to, or at least first begin in, the muscles of the lower jaw, neck, and fauces, the disease is called trismus, or locked jaw; when the muscles of the hind part of the trunk are affected, drawing the body backwards, opisthotonos; of the fore part, drawing it forwards, emprosthotonos; when the muscles of both the fore and hind parts are affected, and the body is rigidly straight, it is named tetanus; and when one side only is attacked, tetanus lateralis, and pleurosthotonos.

These, however differently named, are to be considered only as varieties of the same disease; and all require the same treatment, which will be seen in the following chapter.

CHAP. I.

Of TRISMUS, or LOCKED JAW.

CHARACTER.

Præcipue maxillæ inferioris spastica rigiditas.

SYMPTOMS.

This disease occurs in all climates, but most frequently in the warmest, and it comes on with a sense of stiffness in the neck, attended, in its increase, with an uneasiness in the fauces, partially or wholly interrupting deglutition; there is generally more or less pain in the lower part of the sternum, shooting, in the course of the mediastinum, to the back: this seems to excite spasms in the back part of the neck, pulling it backwards, and strong spastic contraction of the muscles of the lower jaw, drawing the teeth perfectly close together, in which state they remain during the course of the disease.

The spasms now sometimes proceed to the muscles of the anterior, posterior, one or both sides of the trunk, producing opisthotonos, &c. In the height of this dreadful disease the patient is a shocking spectacle, for all the muscles of the body become affected; the forehead is drawn up into furrows; the eyes are distorted, rigid, and immovable; the nose is drawn upwards, and the cheeks backwards, causing a horrible grin, and in this state violent convulsions come on, and give the *coup de grace*.

All

All the spasms are attended with violent pain, and become more frequent as the disease advances.

There is seldom any fever; the blood drawn, generally exhibits a natural appearance; the face and body are pale, and often covered with a clammy cold sweat, and the extremities are commonly cold. When the spasms become frequent and violent, the pulse is full and frequent, the face is flushed, and they cause sweating.

Neither the mental nor natural functions are much affected in general. The head remains free, the appetite is not much impaired, although the urine is often voided with some difficulty, and the patient is costive.

REMOTE CAUSES.

Cold and moisture applied to the body when warm, punctures, lacerations, and other violence offered to nervous or tendinous parts. Operations, such as amputation, or castration, particularly in warm climates.

PROGNOSIS.

The danger is in proportion to the suddenness and violence of the attack, and to the frequency and degree of the spasms. It often proves fatal before the fourth day; after that time the danger becomes less in proportion to the length of its duration. It does not go off critically or suddenly, but gradually.

CURE.

If the disease arises from a partial division of a
6 nerve

nerve, it must be cut through. Opium must be given in larger quantities in this case than in any other that we are acquainted with. It must be ordered in doses of one, two, or three grains every hour, and increased according to the urgency of the symptoms. It must also be thrown up in clysters.

℞. Gum. arab. ʒij.
Aq. fervent. ʒvj.
Tinct. opii ʒiij. m. f. enema.

Frequent laxative clysters will be likewise necessary.

The following antispasmodic bolus has had good effects :

℞. Camphor. ʒj.—ʒss.
Mosch. gr. x.—ʒj.
Opil pulv. gr. ij.—iiij.
Syr. q. s. m. f. bolus ʒtia quaque hora sumendus.

While opium and other antispasmodics are given, mercurial ointments may be rubbed in until a salivation is excited, and this has sometimes proved a cure.

Bark and wine must be given in large quantities; from two to three ounces of the former, and one bottle, three pints, or two bottles of the latter, in the space of twenty-four hours. Electricity should be tried, and every means used to excite inflammation in the wound, if such is the cause of the disease, by the application of the most stimulating applications.

Cold bathing has removed the disease. The patient may be bathed in the sea, or cold water may be

be thrown over the body, which is to be wiped quite dry, wrapped in blankets, and laid in bed, giving a full dose of opium; and this process is to be repeated at intervals, when the spasms recur. If no nourishment can be introduced by the mouth, the patient must be supported by the frequent injection of good broth *per anum*. The trismus nascentium generally attacks them before they are nine days old, and the treatment is the same as we have just mentioned.

May not this disease in infants arise from acridities, or a retention of the meconium in the primæ viæ and intestines?

On this idea it will be proper to give a dose of rhubarb and magnesia upon the first appearance of the symptoms.

CHAP. II.

Of CONVULSIONS.

CHARACTER.

Musculorum contractio, clonica, abnormis, citra soporem.

Of the CHOREA SANCTI VITI, *or* ST. VITUS'S DANCE.

CHARACTER.

Impuberes utriusque sexus, et plurimum intra secundum et decimum quartum ætatis annum adolentes, motus convulsivi ex parte voluntarii, plerumque

rumque alterius lateris, in brachiorum et manuum motu; histrionum gesticulationes referentes; in gressu, pedem alterum sæpius trahentes quam attollentes.

SYMPTOMS.

The leg, foot, arm, and hand, of the same side, are affected with convulsions. In walking the leg is dragged along, and the arm cannot carry any thing directly to the mouth. The head and trunk are also sometimes so affected, that the alternate convulsions of these different parts, form a most ludicrous gesticulation, resembling dancing.

This disease is generally owing to a mobility and debility of the system, and is to be cured by tonics, such as the bark, preparations of iron and copper, and antispasmodics, as opium, succ. spiss. belladon. hyosciami, aconiti, stramonii, &c. and mercurials; and cold bathing and electricity. Dry cupping the parts affected has sometimes good effects.

CHAP. III.

Of EPILEPSIA, or EPILEPSY.

CHARACTER.

Musculorum convulsio cum sopore.

SYMPTOMS.

The patient suddenly loses all sensation and voluntary motion, and if standing he immediately falls, and is universally convulsed: the tongue is thrust
out

out of the mouth, and frequently much wounded by the violent and sudden contraction of the lower jaw; and there is generally a discharge of frothy matter from the mouth.

In a short time the convulsions go off, leaving the patient in an apparent profound sleep, from which he gradually recovers, without having the smallest recollection of what has passed from the time of the attack.

The pulse, during the convulsions, is quick and irregular, but upon their cessation, returns to its natural state. The paroxysms are apt to recur during sleep.

PREDISPOSING CAUSES.

Great mobility of the system in the early part of life, and hereditary disposition.

EXCITING CAUSES.

1. Whatever preternaturally excites the brain, as mal-formation of the cranium, inequalities or sharp protuberances on its interior surface, splinters, or depression of the bone from fracture; acrid fluids in the brain, worms, teething, acidity in the alimentary canal; certain diseases, as the eruptive fever in the small-pox, and scarlatina. Violent joy and anger, and over-distension of the blood vessels of the brain.

2. Whatever diminishes the energy of the brain, large loss of blood, terror, horror, certain odours, and passions.

PROXIMATE CAUSE.

An irregular and involuntary exertion of the nervous energy.

The prognosis is very uncertain. The symptomatic epilepsy admits of a cure more readily than the idiopathic; when it is hereditary it can seldom be removed. It sometimes goes off at the age of puberty; and cutaneous eruptions and intermittent fevers sometimes remove it. If the intermissions are short, the convulsions very violent, and respiration difficult, it is attended with danger.

Epilepsy does not unfrequently terminate in apoplexy.

CURE.

The curative indications are two :

1. To quiet the convulsions in the paroxysm.
2. To prevent their recurrence.

In the paroxysm bleeding may be necessary at the commencement of the disease; but it should not be repeated, unless there are evident symptoms of plethora; nor should it be ordered at all if there are marks of debility or inanition. Blisters, volatiles applied to the nose, and sternutatories, are proper, and the opiate clyster, p. 176, and other antispasmodics, should be injected *per anum*, and prescribe the following external applications :

℞. Ung. althææ ʒj.

Camphor. ʒij.

Tinct. opii ʒj. m. f. liniment. quo illinetur spina dors.

Vel,

℞. Æther. eodem modo usurpand.

In the intermissions we are to attempt the radical cure of the disease.

If it is symptomatic of some primary affection,
that

that must be discovered by observing the attendant symptoms, and then the cure will depend upon the removal of such primary disease.

The occasional causes must be studiously avoided, and the predisposition corrected as much as lies in our power.

The disposed to epilepsy should avoid, as much as possible, the violent impressions of joy, anger, terror, horror, and surprise. If the disease appears to arise from turgescence of the vascular system; that must be removed or prevented by the means already pointed out for the removal and prevention of plethora. Issues or setons are particularly serviceable. If debility is the cause, the system must be strengthened by cold bathing, exercise, tonics, and astringents, and the nervous irritability corrected by antispasmodics; and in some cases a total change of the mode and habit of living, climate, and air, will be necessary.

After these general observations, let us dwell more particularly on the practical detail. We are to enquire particularly into the state of the primæ viæ, and if acidity, worms, or any other exciting cause is suspected there, it must be removed by proper evacuants, and corrected by proper remedies. In this case, an emetic, simple cathartic, or anthelmintic should be given. If the cause is not there, and the patient is plethoric and in full strength, the system must be lowered by bleeding, purging, and low diet, and then the mobility of the system corrected by antispasmodics, of which opium is, I think, unquestionably entitled to the pre-eminence.

It should be given in a full dose an hour or half an hour before the attack of the paroxysms, when that can be ascertained, as in many instances it can, by enquiring of the patient if he has any pain, or particular sensation, by which he knows the fit is about to come on, which is frequently the case. Whatever antispasmodic is given, its effects on the system should never be suffered entirely to cease, and it should be continued for a length of time after the fits have ceased, proportioned to their duration and violence, until the system has lost the habit for the disease; for there can be no doubt but that this, and many diseases of the nervous system, are continued, when once begun, from habit: after removing the plethoric state, if it exists, give of opium half a grain, one grain, or more, according to the age and constitution of the patient, and the duration of the disease, and time it has been given, for the dose must be gradually increased, and gradually reduced on leaving it off, a little time before the expected paroxysm, and repeat it every four or six hours, and continue it for one, two, three, and in some cases, I am persuaded, it will be necessary to do so for four, five, or six months after the last fit, according to the violence of the disease, its duration, and the disposition it may be thought to have to return.

I insist much on the long continuance of the opium, or other antispasmodic, as I believe we often fail in the complete cure of this disease, merely from leaving them off too soon. It has not been found difficult to suspend the fits in epileptic cases; but

but on the medicines being discontinued, they are very apt to return, and with increased violence.

The oleum succini has been recommended from high authority. Other antispasmodics may be tried, as musk, camphor, æther, oleum Dippelii, succ. spiss. cicutæ, hyosciami, belladon. stramonii, and aconiti; but I think opium will be generally found the most efficacious, and deserving our confidence.

If this disease attacks people who are not plethoric, but of weak debilitated constitutions, instead of the evacuating lowering plan, the system must be strengthened by a more generous diet, by tonics, and cold bathing; and opium, and antispasmodics given, as directed above.

The bark is particularly excellent as a tonic in this disease.

Vel,

R. Visc. querc. pulv.

Fol. aurant. sicc. pulv. āā gr. xv.—3ss. m. f. pulv. ter quaterve in die sumend. in quovis vehic. idoneo,

Vel,

R. Pulv. flor. cardamin. prat. ʒj.—ʒij. mane et vespere quotidie sumend.

Vel,

R. Cupr. ammon. ʒj.

Mic. panis ʒij.

Syr. cort. aurant. q. f. m. f. pil. No. xxiv. capt. j. vel ij.—iij. (sensim augendo dosi) hora decubitus quotidie.

Vel.

R. Zinc. calcinat. gr. vi.

Chel. cancr. ppt. ʒiss.

Sacch. alb. pulv. ʒss. m. f. pulv. in chartul. vj. dividend. capt. j. mane et vesperi quotidie.

The zinc may be gradually augmented to the quantity of a scruple.

Vel,

- ℞. Cup. vitriol. gr. v.
 Extract. hyosciam. ℥j.
 Mic. panis ʒj.
 Syr. q. s. m. f. pil. No. xx. capt. j. ter in die. Sensim
 augeatur quant. vitriol.

Vel,

- ℞. Zinc. vitriol. gr. vj.
 Sacch. alb.
 Chel. canc. ppt. āā ʒiss. m. f. pulv. No. vj. sumt. j.
 ter in die. Gradatim augeatur quantitas zinc. vitr.
 ad ℥j. in pulv. vj.

Vel,

- ℞. Limatur. ferri gr. viij.
 Extract. cinchon. moll. q. s. m. f. pil. ij. primo mane
 et 5ta pomeridiana sumend. superbib. haustum ali-
 quē roborantem aromaticum.

If these remedies disappoint us upon a fair trial, salivation may be induced; and it has sometimes removed the disease when every other means have failed.

Before the exhibition of the above medicines, it will be proper to order an emetic and purge, and the former should be given once a week.

It is to be remarked, in general, that the properest time for giving the antispasmodic medicines is, near the time of the recurrence of the paroxysms, when the period can be ascertained. In particular, when they have been observed to come on in the night time, during sleep, an opiate, in a full dose, at bed time, will generally prevent them.

Convulsions, in general, however different their seat, will require to be treated upon the same general principle.

CHAP. IV.

PALPITATIO, *or* PALPITATION *of the*
HEART.

CHARACTER.

Motus cordis, vehemens, abnormis.

The symptoms of palpitation are so well known as to render a description of them unnecessary.

REMOTE CAUSES.

Organic affections of the heart itself, or the immediately connected vessels, similar to those mentioned as the causes of syncope, and in general this disease acknowledges the same remote causes.

THE CURE

Must be attempted by avoiding the exciting causes, by especially removing plethora, or correcting the debility or mobility of the system, as either the one or the other shall be found to be the cause of the complaint.

The means proper for accomplishing both these ends have been already mentioned.

If it depends upon organic affections, we can of course do little, and that little will be obtained by avoiding whatever will increase the action of the heart.

CHAP. V.

Of ASTHMA.

CHARACTER.

Spirandi difficultas per intervalla subiens; cum angustia in pectore sensu; et respiratione cum sibilo

sibilo strepente; tussis sub initio paroxysmi difficilis, vel nulla, versus finem libera, cum sputo mucii sæpe copioso.

SYMPTOMS.

This disease is often hereditary, seldom appears in early life, and chiefly attacks males.

The paroxysms commence with a sense of straightness in the chest and tightness, impeding respiration, and a cough; the attacks are generally in the night time. The patient cannot lie in an horizontal posture, and when seized in that position is obliged immediately to become erect. The difficulty of breathing increases with a violent wheezing; after continuing in the same state for some hours, it becomes less difficult and oppressed, the cough is easier, and an expectoration of mucus taking place, the paroxysm abates till next night, but the symptoms continue in a greater or less degree in the day time, varying from the weather and other circumstances. It is generally accompanied with some dyspeptic symptoms.

The pulse often remains regular and undisturbed, though sometimes symptoms of pyrexia attend the fit: the urine at the first is pale; but when the remission takes place it frequently becomes high coloured, and deposits a sediment.

In some persons the paroxysms are brought on by external heat, in others by cold.

It is evidently a spasmodic disease.

Systematic writers give six species of asthma—the genuine, the spurious, the dry, the moist, the periodical, and the continued; but few of them ap-
pear

pear to have so clearly distinguished and marked this disease from other cases of dyspnœa as the accurate and learned Cullen, who considers it as a spasmodic affection different from any other case of dyspnœa.

REMOTE CAUSES.

Hereditary disposition; cold, moist, impure atmosphere; particular situations, such as large cities or manufacturing towns; translated gout or rheumatism, wounds of the diaphragm, and suppressed accustomed evacuations.

PROXIMATE CAUSE.

A preternatural spasmodic contraction of the bronchiæ.

DIAGNOSIS.

The sudden accession of the paroxysms will generally distinguish it from other cases of dyspnœa.

PROGNOSIS.

There is a greater chance of curing the disease in youth than in advanced age. It often occasions a phthisis pulmonalis in young persons; when it continues a long time it frequently terminates in a hydrothorax, or brings on an aneurism of the heart or great vessels near it. A tremulous respiration, paralysis of the arms, and a diminution of the urinary secretion, are bad symptoms.

CURE.

Blood-letting in the beginning is serviceable; but when the disease has continued long it is inefficacious, and therefore improper. Laxative medicines and clysters give relief, and should be frequently

quently administered. Emollient clysters, given in the paroxysms, commonly produce good effects, and gentle emetics in an evening, which will very often prevent the expected nightly paroxysm. Neutral salts are proper, and antispasmodics, especially opium.

R. Pil. opii gr. v. h. f. sumend.

R. Spt. vitriol. æther. cochl. minim. in paroxysm, sumend.
in quovis vehiculo.

Or the vapour of æther may be inhaled, which is likely to give great and speedy relief in the paroxysms. Asafoetida. The warm bath should be ordered; and the patient should be made to breathe an atmosphere mixed with hydrogen, if it is the pure spasmodic asthma: if it is what is called the humoral, or moist, he should respire an air with hydro-carbonate air, or with an increased proportion of oxygen.

The exciting causes must be avoided. The patient must live upon light, easily-digested food; avoid fermented or spirituous liquors and flatulent food, and the stomach should never be loaded: he should take exercise on horseback; and the dyspeptic symptoms must be relieved by the means already enumerated; p. 167 and 168.

Smoaking tobacco has sometimes entirely cured the complaint, and it seems a powerful remedy. If all our attempts have failed, the patient should try different air and situations; for it has frequently happened that asthmatic patients have taken every medicine without effect, and have found a certain cure in a particular place, either discovered by accident,

accident or a diligent trial of different situations. A seton or issue behind the neck, or some where, should be ordered.

If tough viscid matter should render expectoration difficult, it should be assisted by the means pointed out p. 55.

When the patient has got freed from the disease, he should take the bark, and should be directed to use, first, a warm salt-water bath, and afterwards a cold one.

CHAP. VI.

Of PERTUSSIS, or HOOPING COUGH.

CHARACTER.

Morbus contagiosus; tussis convulsiva, stragilans, cum inspiratione sonora, iterata; sæpe vomitus.

SYMPTOMS.

This disease comes on like a common catarrh, but it is very soon known by its peculiar cough, from which it has its name. The fits of coughing continue long, during which the patient appears to be in danger of suffocation, and they do not cease until something is brought up from the lungs, or a vomiting comes on. This disease often continues for three or four months, or longer.

As it advances the expectoration becomes more copious, and the fits of coughing shorter. Sometimes, though very rarely, it is attended with pyrexia and dyspnoea.

REMOTE CAUSE.

Contagion.

PROGNOSIS.

The younger the subjects the greater the danger, which is also great when they are in a state of great debility at the attack. A very copious or a very sparing expectoration is an unfavourable symptom; and in general danger is to be apprehended in the proportion to the degree of fever and difficulty of breathing.

CURE.

In the beginning bleeding may be necessary, if there are marks of plethora, but it should not be repeated, unless there is great difficulty of breathing between the fits of coughing, and then it must absolutely be repeated according to the urgency of the symptoms. If the lancet cannot be used with success, as is frequently the case with children, three, four, or six leeches must be applied to some part of the thorax, and the orifices suffered to bleed for two or three hours after they fall off. The warm bath should be ordered, and the child should inhale the steam of warm water, to which vinegar or æther may be added. The body must be kept open by laxatives. Vomits, frequently repeated, are particularly serviceable, and are foremost among the useful remedies. Blistering the thorax will be proper, and nauseating doses of antimonium tartarifatum.

In the advanced stage we must have recourse to antispasmodics and tonics.

Of

Of the former opium is the best, given in doses proportioned to the age and constitution of the patient; the extractum cicutæ does not appear to have supported its credit.

Of the tonics, the bark and zincum calcinatum have answered the best. To these opium must be added, and tinctura cantharidis. I have seen good effects from the following

℞. Decoct. cinchon. ℥iiiss.

Tinct. opii camphor. ℥ss.

Tinct. cantharid. gtts. xl. m. dos. cochl. j.—ij. quartis horis.

When it has resisted every medicine, a change of air has frequently removed it.

CHAP. VII.

Of the PYROSIS, *or* Water BRASH.

CHARACTER.

Epigastrii dolor urens, cum copia humoris aquei, plerumque insipidi, aliquando acris, eructata.

SYMPTOMS.

This appears to be a peculiar spasmodic affection of the stomach: it most frequently attacks females, and those who live on milk and the farinacea. It usually comes on in the morning or forenoon, at those times when the stomach is most empty, with a pain and sense of constriction at the pit of the stomach, as if it was drawn backwards. It is increased by
an

an erect posture; is often very violent, and after some continuance it brings on an eructation of a thin watery fluid, sometimes acrid, but generally insipid, and in considerable quantity. This rejection of the fluid is reiterated; and though it does not immediately relieve the pain, it at length removes it, and puts an end to the paroxysm.

REMOTE CAUSES.

Cold applied to the extremities, and violent emotions of the mind.

CURE.

The paroxysms are most certainly relieved by opiates; if these fail, other antispasmodics may be tried, especially the vitriolic æther, and the volatile alkali.

The nux vomica possesses the power of radically curing this disease, in doses from ten grains to a scruple three times a day. I have had several cases which have all yielded to it. No effect has been found from tonics and astringents, in preventing its recurrence.

There are other painful affections of the stomach distinguished by the names of gastrodynia and cardialgia. The former is known by an acute pungent pain, accompanied with a sense of distension or constriction of the stomach.

The latter is attended with an acrid pungent eructation.

They are most frequently symptomatic affections, and are constantly attendant upon dyspepsia; for gastrodynia opium is the best remedy; and for the cardialgia, if an acid is prevalent, alkalies and absorbents;

forbents; and if it is caused by acrid matter, demulcents and mucilaginous medicines.

As a symptom, it will be removed with the primary affection.

In gastrodynia, where the pain is attended with an unpleasant taste in the mouth, disagreeable eructations, and a sense of fulness and distension of the stomach, it proceeds from some foulness in that organ, and will be removed by vomiting and purging, and afterwards strengthening the tone of the stomach by chalybeates, bark, mineral waters, and other tonics joined with bitters.

In cardialgia, where it proceeds from the prevalence of a strong acid, that must be corrected by antacids and absorbents, and the pills recommended for that purpose in dyspepsia. This is sometimes owing to a morbid state of the gastric juice, and sometimes to a deficiency of saliva; when this is the case the patient should masticate his food extremely well, and eat with it biscuit or crust of bread, which will cause a greater quantity of that fluid to be poured out in mastication, and taken down with the food.

There are other cases of gastrodynia, unattended with any symptom of dyspepsia, and which very frequently can be referred to no particular cause. Demulcents and opium, and blisters to the region of the stomach should be tried, and if they do not remove it, recourse should be had to the cicuta, which I have found remove it when nothing else would.

℞. Succ. spiss. cicutaë ʒij. divide in pilul. xxx. capiat ij.—
iv.—vj. ter die.

If the pain arises from ulceration in the stomach, it will be suspected from the continuance of the disease, from the patient feeling a pungent heat, and great increase of pain after taking food, and from his finding ease on pressure and inclining forward. Here, God knows, little can be done but palliate. Demulcents should be frequently taken, and food in small quantities, and that of the mildest kind; and the pain must be quieted by opium, which it will be necessary to give in very large and frequently repeated doses.

The cicuta, with calomel, may be tried in the following form :

℞. Succ. spiss. cicutaë ʒij.

Calomel. prep. gr. x. m. f. pil. xxx. sumat unam ter
die.

Whenever calomel is given combined with the cicuta, the mouth should be frequently inspected and enquired into, as I have known the most violent salivation induced by a much smaller quantity of the calomel thus combined, than when it is given alone, or with any other medicine; I have known five grains bring on a salivation that could not be subdued by any means, and the patient actually died in consequence of it.

CHAP. VIII.

Of COLICA, or the COLIC.

CHARACTER.

Dolor abdominis, præcipue circâ umbilicum torquens; vomitus, alvus adstricta.

Writers enumerate eight species of this disease; but as they all depend upon the same proximate cause, they are to be treated on the same general principles.

They are,

1. Colica spasmodica,
2. Colica pictonum.
3. Colica stercorea.
4. Colica occidentalis,
5. Colica meconialis,
6. Colica callosa.
7. Colica calculosa,
8. Colica flatulenta,

SYMPTOMS.

Violent pain diffused over the whole abdomen, with a sensation of twisting or wringing about the navel, which, with the integuments, is frequently drawn inwards, and contracted into several separate portions, and it is attended with obstinate costiveness, frequent bilious vomitings; and sometimes, from the peristaltic motion of the intestines being

inverted, stercoraceous matter is thrown up from the stomach.

The urine is generally very high coloured, and voided in small quantities and with difficulty.

This disease is frequently, indeed generally, without pyrexia; but sometimes an inflammation of the part of the intestine particularly affected comes on.

What is called the ileus, or iliac passion, is only to be considered as a very high degree of colic.

REMOTE CAUSES.

• Cold, hardened fæces, worms, stony concretions in the intestines, acrid bile; various poisons, particularly lead, however received into the body; a diarrhœa too suddenly stopped, translated gout, and rheumatism and flatus.

PROXIMATE CAUSE.

A spasmodic constriction of some part of the intestines.

DIAGNOSIS.

Colic will be distinguished from enteritis by the state of the pulse, by the peculiar twinging pain about the navel, and contractions of the abdominal integuments, and by the absence of heat. Pressure gives temporary ease in the colic, while in enteritis the abdomen cannot bear the least pressure; and from nephritis by the seat of the pain; by the obstinate costiveness, and state of the urine.

PROGNOSIS.

If the pain remits, and is not totally fixed to one place, and if stools are procured, the prognosis will be

be favourable; when it is obstinately violent in one place, if a passage cannot be procured, if inflammation supervenes, the event will be doubtful, and danger is to be apprehended; when hiccough, delirium and cold sweats come on, the danger is extreme, and the event will generally be fatal. The colica pictonum frequently terminates in a paralysis of the muscles of the arm and lower extremities, as does the ileus.

CURE.

We begin with bleeding, and the necessity of its repetition must be determined by the state of the pulse. In all violent attacks of the colic, however, (except the colica pictonum or saturnina) as the diagnosis between it and enteritis is often very difficult and uncertain, and as inflammation may possibly supervene, and as there is in general nothing to fear on the side of debility, as in attacks of mixed fever, large bleeding should be ordered in the first place; I am confident it would prevent the fatal termination of many of these cases; and it frequently produces an evacuation by stool immediately. The only exceptions I would make are, when there is already great debility at the attack, induced by preceding disease or any other cause, and where it can be pretty certainly known, that it is the saturni e colic. Order the semicupium, and if that cannot be employed, fomentations of the abdomen and extremities cum decoct. flor. cham. et capit. papaver. alb. aa. p. æ. or direct the application of bladders filled with warm water to the abdomen, or a blister, or a plaister, with the
O 3 extract.

extract. hyosciami, or the following liniment, from which I have found the greatest advantage :

℞. Medul. colocynth. ʒj.

Ol. olivarum ʒj. m. et coque leni igne, donec medulla torqueri videatur; dein, massa adhuc calenti, cola, et cum eo illinatur abdomen, et præcique umbilici regio.

Prescribe antispasmodics internally; and when the disease has not been preceded by long constiveness, opium may be given with great advantage. It quiets the pain and sickness; and from its use, proper medicines thrown into the stomach are retained, when they otherwise would not. If the patient has been constive previous to the attack, the hyosciamus must be substituted, and it seems a medicine extremely well adapted to colic, as possessing both a narcotic and purgative quality.

℞. Extract. hyosciam. gr. ij.—v. omni hora sumend. donec sedent. evomitiones.

Laxative medicines are necessary.

℞. Ol. ricini (vit. ov. trit.)

Aq. puræ āā ʒj.

Tinct. opii gutt. v. m. f. haust. 2da quaque hora sumend.

Vel,

℞. Chryst. tartar. ʒij.

Aq. fervent. ʒij. f. solut. omni semihora sumend. donec respondeat alvus.

Vel,

℞. Natr. vitriol. ʒj.

Aq. fervent ʒvj.

Ol. oliv. (vit. ov. trit.) ʒj. m. capt. cochl. ij. omni semihora donec subducatur alvus.

If milder purgatives or laxatives fail, more drastic ones must be ordered.

℞. Pulv. jalap. ʒss.
 Ol. menth. ess. gtt. j.
 Muc. gum. arab. q. f. m. f. pil. No. vj. capt. iij. statim, et semihorâ elapsâ residuas.
 Vel,

℞. Extract. colocynth. c. ʒj.—ʒss.
 Calomel. ppt. gr. ij.—v.
 Opii gr. j. vel
 Extr. hyosciam. gr. ij. pil. No. vj. ut supra præscript. sumend.

Laxative emollient clysters are particularly serviceable.

℞. Decoct. pro enemat. ʒxij.
 Ol. olivar. ʒiij.
 Magnes. vitr. ʒss. m. f. enema.
 Vel,

℞. Terebinth. venet. (vit. ov. trit.) ʒij.—ʒss.
 Decoct. pro enemat. ʒxij.
 Ol. olivar. ʒj. m. f. enema.

If these clysters are ineffectual, tobacco smoke must be injected, or a tobacco clyster.

℞. Fol. nicotian. virg. sicc. ʒj.
 Aq. fervent ℥j. macera et cola.

℞. Infus. hujus ʒj.—ʒiss.
 Decoct. pro enemat. ℥j. m. f. enema.

If yet we do not succeed, mechanical dilatation must be tried; it is to be effected either by injecting large quantities of warm water into the rectum by a proper clyster syringe, or by large doses, to the quantity of two drachms or half an ounce of hydrargyrus every two hours.

When every thing else has failed, the disease has been sometimes cured by throwing cold water upon the lower extremities.

If inflammation supervenes, proceed as in enteritis.

The flatulent colic will generally be distinguished by the pain not being fixed to one particular place, but moving about the intestines, and especially along the colon; from its affecting the stomach, and from the relief that takes place from the evacuation or change of situation of the contained air, and from its being relieved by pressure.

Prescribe æther. vitriol. 3j. vel opii. gr. j. washed down with a little warm spirit and water; tinct. asæ fœtid. ʒss.—3j. and aromatics.

In all cases of colic we should enquire whether the patient has a rupture.

The colica stercorea most frequently takes place in costive, and especially old subjects: this will be preceded by long costiveness, and in many cases will be known from the hardened fæces in the rectum refusing all entrance to a clyster-pipe. Here large quantities of warm water and oil thrown into the rectum will be particularly serviceable, and in case a clyster-pipe, or the end of the clyster syringe, cannot be introduced, owing to the resistance of the fæces, a small scoop, or a surgeon's grooved director, must be introduced, and moved so as to break them, and as much must be taken out as can be effected by the instrument.

The colica pictonum, or the colic of Poitou, or painter's, or Devonshire colic, it is now well known,

known, from the enquiries of the learned Sir George Baker, and others, proceeds from lead received into the body.

It will be known, by enquiring into the preceding circumstances, whether the patient, from his employment, has been exposed to the action of lead, as painters, plumbers, miners, and potters are; if he has largely used any saturnine applications, or drank cyder, or other liquors that may be impregnated with it. The pain does not come on with such violence at the first as in the other species of colic. It is felt deep seated about the navel, and strikes through to the back; the pain remits, and gradually increases to the greatest degree of violence, and at length becomes continual; it increases after eating. The navel is drawn strongly inwards, and so are the integuments of the abdomen and intestines towards the spine, so as to prevent the injection of clysters; and this contraction so generally takes place, that it has been esteemed a pathognomonic symptom of the disease. The pulse is contracted, small, and hard. Stoll says, that the pulse affords the diagnosis of this disease; that it is hard, tense, and small in a degree that takes place in no other disease; that it vibrates like a wire.

This disease is certainly and effectually cured by mercury, which is to be introduced into the system, so as to bring on an affection of the mouth soon; but the violence of the symptoms must, in the mean time, be alleviated. Opium in large doses must be given in the first place; and then some cathartic; the *ol. ricini*, or *magnes. vitriol.* with oil of almonds.

The

The warm bath must be had recourse to, and the abdomen fomented or blistered. While this is doing, half a drachm or a drachm of mercurial ointment must be rubbed in night and morning; when the mouth is affected, it will be proper to desist for a time, for it is not necessary to bring on a salivation; a slight affection of the mouth kept up for some time will certainly remove it; that is, for a week or a fortnight after the symptoms have disappeared. The continuance of the remedy after the symptoms have disappeared is necessary, as the disease is apt to return if it is left off too soon.

For removing the paralytic affections, which this and the ileus leave, the Bath waters used externally and internally are the most efficacious remedy.

CHAP. IX.

Of the CHOLERA MORBUS.

CHARACTER.

Humoris biliosi vomitus, ejusdem simul dejectio frequens; anxietas, tormina; surarum spasmodica.

SYMPTOMS.

This disease chiefly appears in the summer or autumn, when the weather is very hot. The patient is attacked with a violent vomiting and purging of acrid bilious matter, gripes, great anxiety and prostration of strength, and cramps in the legs and thighs, and sometimes convulsions. It is seldom attended with any fever, though the pulse and respiration are hurried and irregular.

It

It induces speedily the greatest debility, sometimes carrying off the patient in one day.

REMOTE CAUSES.

Very hot weather, acrid ingesta, and repletion of the stomach, redundancy, and acrimony of the bile.

PROXIMATE CAUSE.

A spasmodic constriction of the duodenum.

CURE.

The cure consists in the dilution and evacuation of the bilious matter. Give large quantities of warm water, chicken broth, or water-gruel, by the mouth, and by clyster. When the bile has been sufficiently diluted and washed out, the spasms of the stomach and bowels must be quieted by opium; they sometimes come on with great violence, affecting not only the parts originally affected, but the muscles of the legs, thighs, and in some cases they become almost universal. Opium must then be given by clyster also, and the patient must be put into the warm bath; but opium in general quiets them.

When the disease is removed, give the bark with opium for some days, and the patient must be cautious with respect to diet, using for some time light, easily digested food, taking at the same time gentle, but regular exercise on horseback.

CHAP. X.

Of DIARRHOEA.

CHARACTER.

Dejectio frequens ; morbus non contagiosus ;
pyrexia nulla primaria.

SYMPTOMS.

Frequent stools, various in colour and quality ; sometimes they are bilious or mucous, sometimes they consist of the natural excrements much diluted, at other times they appear milky ; and in some cases the food passes in an unaltered state, when the disease is called the lientery. There is generally some degree of sickness and griping, and the patient is very sensible of cold, especially in the lower extremities. It is seldom attended with fever.

REMOTE CAUSES.

Obstructed perspiration, putrid effluvia, or an absorption of putrid matter. Exposure to cold and moisture. Diminished action of the absorbents of the intestines. An immoderate quantity of food, or its being of a noxious quality, or not easily digested, or underdone ; too much fruit, or aced food ; an acrid state of the pancreatic juice, or bile, or a redundancy of the latter ; a determination of fluids from other parts of the system to the intestines, either in a natural, or morbid state ; a preternatural effusion from the excretories of the interior surface of the intestines ; a rupture of the blood vessels,

or

or a suppuration of the coats, or an erythematous inflammation of them, and worms. Translated gout or rheumatism.

PROXIMATE CAUSE.

An increased peristaltic motion of the intestines.

DIAGNOSIS.

The diarrhœa will be distinguished from dysentery by its being attended with less griping and tenesmus, by the stools not being bloody, and by the absence or less degree of fever; and from cholera morbus by the vomiting and griping being infinitely less, and by the state of the stools.

CURE.

The intentions of cure are,

1. To evacuate and correct acrimonious or acrid matter in the stomach and intestines;
2. To allay their irritation;
3. To restore their tone;
4. To prevent or counteract putridity; and,
5. To restore interrupted perspiration.

The acrid matter is to be evacuated by emetics, which should be frequently repeated, as they not only remove crude acrid matters from the stomach, but determine to the skin, and may prove very serviceable by checking and counteracting in some degree the increased peristaltic motion; vomits, therefore, are particularly useful in the cure of diarrhœa.

Laxatives, even of the mildest kind, except at the very first, are generally pernicious; and, after vomiting,

vomiting, it is perhaps always better to give diluents and demulcents. Order rice or barley water, with gum arabic, for the common drink.

℞. Decoct. verbas. ℥ij.

Extract. glycyrrhiz. ʒj. m. f. haust. 3tia quaque hora sumend.

Vel,

℞. Decoct. ulmi inter. ℥ij.

Tinct. toltan.

Syr. toltan. āā ʒj. m. f. haust.

Vel,

℞. Sperm. ceti (vit. ov. trit.) ʒfs.

Tinct. toltan.

Syr. ejusdem āā ʒj.

Aq. puræ ℥ij. m. f. haust.

Vel,

℞. Sem. lini ʒj.

Extract. glycyrrhiz. ʒfs.

Aq. fervent. ℥iij. macera per horas aliquot et cola.

Pro potu commune.

The irritability of the intestines will be lessened by adding a proper quantity of the tinct. opii to the above draughts. In obstinate cases, blistering the abdomen has good effects.

Give absorbents.

℞. Mist. cretac. ʒvj.

Tinct. cinnam. comp. ʒfs.

Syr. tolt. ʒiij. m. capt. cochl. iij. amp. 3tia quaque hora, vel post sing. sedes liquid.

Vel,

℞. Pulv. e creta comp. cum opio

Confect. opiat. āā gr. xij.

Aq. puræ ℥ij. m. f. haust. 4ta quaque hora sum.

Order the decoct. corn. cerv. pro potu ordinario.

The

The laxity of the intestines must be removed by astringents, or perhaps it would be more accurate to say, give the following medicines to increase the action of the intestinal absorbents.

℞. Extract. hæmatox. ʒij.
Aq. puræ ʒviij.
Tinct. catechu ʒij.
Syr. papav. alb. ʒss. m. capt. cochl. ij. 3tia quaque hora.

Vel,

℞. Pulv. rad. tormentill. ʒss.
Mist. cretac. ʒij.
Syr. tolut. ʒj. m. f. haust. 3tia quaque hora sum,

Vel,

℞. Alum.
Pulv. cinchonæ āā gr. x.
Mist. crétac. ʒij. m. f. haust. 4ta quaque hora sum.

Vel,

℞. Catechu ʒss.
Aq. puræ ʒxij. coque ad ʒvj. Stet ut fiat depuratio per subsid. et liquoris partem limpidam caute effunde.
Adde
Aq. cinnamom.
Spt. cinnamom. āā ʒj.
Syr. papav. alb. ʒss. m. capt. cochl. ij. 3tia quaque hora.

Vel,

℞. Gum kino ʒss. 3tia quaque hora sumend. in quovis vehicul.

Vel,

℞. Pulv. cort. Angustur. gr. x.—ʒj.
Tinct. cinnamom. c. ʒj.
Aq. menth. sativæ ʒij. m. f. haust. ter in die sum.

Obstructed perspiration must be restored, or promoted, by keeping the body, and extremities especially, warm, and by giving nauseating doses of antim. tartariif. or ipecac.

For the diarrhœa arising from putrid matter and gout, the remedies have been already mentioned, p. 22, and 91, 92.

The diet should be chiefly broths; and the farinacea, and the patient must return to the use of leguminous vegetables and fermented liquors with great caution.

CHAP. XI.

LEUCORRHOEA, *or* FLUOR ALBUS.

CHARACTER. (SAUVAG.)

Serofo-flavæ, vel puriformis materiæ ex utero delapsus.

SYMPTOMS.

A continual discharge of a fluid from the uterus and vagina, in general of a whitish colour, whence it is vulgarly called the Whites. The discharge, however, is not always of that colour, but is sometimes of a green, yellow, or brown hue. In the beginning of the disease it is most frequently white and pellucid, and acquires the various discolorations in the progress of the disease, and also different degrees of acrimony; this causes a smarting and pain in making water, and the patients generally complain of a heavy pain and weakness in the back and loins, when the discharge is great, with lowness of spirits, dyspepsia, and symptoms of general debility. When the complaint continues long, they have also a slow fever, attended with difficult respiration, palpitation

palpitation of the heart, and faintings. The urine is sometimes turbid, and the eye-lids swell.

REMOTE CAUSES.

A damp, cold atmosphere, poor diet, abortion, or difficult labour, immoderate coition, too copious menstruation, injuries of the parts, an idle sedentary life, with an abuse of tea, and warm sops.

PROXIMATE CAUSE.

Diminished action of the absorbents of the mucous membrane of the uterus or vagina, or both.

DIAGNOSIS.

It is distinguished from discoloured menstruation by not being periodical, but continual; from gonorrhœa, by the absence of heat and dysuria in the beginning, and from its coming on more gradually; and from an ulcer in the uterus or vagina, by an absence of the symptoms, which must (generally speaking) precede them.

PROGNOSIS.

Women affected with this disease conceive with difficulty, and are very liable to miscarry; the more recent the complaint, and the whiter and less acrid the discharge, the more easily it is cured; when it has continued long, and the discharge becomes discoloured and acrimonious, it is more difficult, and in this state it frequently proves very obstinate, troublesome, and hard to cure.

CURE.

The curative indications are, 1st, to strengthen the system in general; 2dly, to increase the action of the absorbents of the uterus and vagina; and,

P

3dly,

3dly, to correct the acrimony of the discharge, and relieve the urgent and most distressing symptoms.

The system must be strengthened by tonics, the bark, bitters, vitriolic acid, chalybeates, and the cold bath; the simarouba has been found to produce good effects: astringents may be given internally, gum kino, alum, and catechu. Stimulating the intestines and rectum may do good, by giving rhubarb frequently. Dr. Darwin recommends six or ten grains every night, with one grain of opium, for some months. The action of the cutaneous vessels should be excited by frictions, wearing a flannel shirt next the skin. The balsams may be given, as bals. cap. bals. canadens. or bals. terebinth. Cantharides may be of service, joined with the bitters or tonics. A blister may be applied to the sacrum, or a Burgundy pitch plaister, or emp. de minio. The loins, legs, and thighs may be washed with cold water every morning. Astringent injections may be thrown into the vagina several times a day, such as the vitriolic injection following:

℞. Zinc. vitriol. 3j.
Aq. puræ ℥j. m. f. injectio.

Vel,

℞. Decoct. cort. vel Gall querc. ℥j.
Alum. 3j. m.

Or,

The following, from a very old Edinburgh Pharmacopœia, has answered with me in the very worst state of the disease.

Aqua styptica.

℞. Cupr. vitriol.

Alum. rup. āā ℥ss.

Aq. fontanæ ℥iv. coque ad solutionem salium; et filtra liquorem; ejus singulis libris adde

Acid. vitriol. 3j.

And thus we perform the second indication.

The third will be effected by correcting the acrimony of the discharge; by a diligent attention to cleanliness; by frequently washing the parts with warm demulcent injections of milk and water, or an infusion of linseed in water; by lime water, and the astringent injections recommended above; by isinglass and jellies taken as food. The tonic medicines will remove the dyspeptic symptoms, and lowness and languor dependant on debility; and the fainting may be obviated, or made to recur less frequently, by cordial medicines and a nourishing generous diet. The pain in the back and loins will be relieved by enveloping them in a plaister, either of Burgundy pitch or de minio.

CHAP. XII.

Of DIABETES.

CHARACTER:

Urinæ, plerumque præternaturalis, copia immodica, profusio chronica.

Authors mention two species of this disease, the mellitus and insipidus; the urine being sweet in the former, and insipid in the latter. But the diabetes

insipidus very rarely occurs. Dr. Home, who thinks that its character is not correctly marked by writers, thus defines it:—" *Urina aucta, et subdulcis, sitis perpetua; cutis arida et plerumque squammosa.*"

SYMPTOMS.

This disease is a discharge of a preternaturally large quantity of urine, which is sometimes limpid, sometimes of a yellowish green colour, and sometimes milky. It comes on by slow degrees, and frequently without any previous disorder. The patient has an unquenchable thirst, and sometimes a voracious appetite, and the quantity of urine voided often greatly exceeds the whole quantity of both the solids and fluids taken into the body. It sometimes continues a long time without any evident injury to the system, but in time the body becomes greatly emaciated and debilitated. The skin is dry, and there is often a desquamation of the cuticle. The feet and ankles frequently are affected with an œdematous fulness. The pulse is quick, and when it terminates fatally (which is too generally the case) a fever comes on before death, in many respects like the hectic fever in phthisis.

REMOTE CAUSES.

Whatever debilitates the system; hard drinking, cold, and moisture; great evacuations, such as hæmorrhages, &c. excess of venery, and preceding diseases.

PROXIMATE CAUSE.

Supposed to be a defect of the animal powers in
8
assimilating

assimilating the food, or changing it into its own nature.

CURE.

On a supposition that it arises from suppressed or impeded perspiration, diaphoretics have been tried. It has been thought spasmodic, and antispasmodics have been given. Relaxation of the urinary tubes has been supposed the cause, and it has been treated with stimulants, astringents, and tonics. Incrassants and demulcents have been given to correct acrimony as the supposed cause; and lastly, as the disease has been imagined to proceed from the food taken in being too little animalized, septics have been also prescribed.

But it must be confessed, that we do not yet know a successful method of treating the diabetes: however, until we become better acquainted with the causes and nature of the disease, such remedies as will remove the debility of the system, are thought to be the properest, and they have been mentioned in another place.

Since the publication of the former edition of this work, I successfully treated a case of diabetes of long continuance in a man about fifty years of age, by emetics three times a week, giving a full dose (beginning with a scruple, and gradually increasing it to two) of pulv. ipecac. c. every night at bed-time; he took pulv. uv. ursi ʒj. with gr. x. of alum three times a day, and drank a quart of aq. calc. in the course of twenty-four hours: he had also repeated blisters to the sacrum. He was allowed his usual food, of which he did not take a

great quantity; his appetite being less than in health.

A new mode of treatment has been lately recommended, which consists of a total abstinence from all kinds of vegetables, and putting the patient on a diet of animal food and animal fats, and enjoining a strict confinement. The quantity of animal food should also be as small as the stomach will be satisfied with. This regimen is supposed to be assisted by giving alkalies daily.

The medicines generally in use before this was recommended are the following: astringents, stimulants, and tonics; white and blue vitriol, alum, different preparations of iron, the bark, resin, cantharides, opium, and calomel.

CHAP. XIII.

Of H Y S T E R I A,

CHARACTER.

Ventris murmura; sensus globi in abdominis se volventis, ad ventriculum et fauces ascendentis, ibique strangulantis; sopor; convulsiones; urinæ limpidæ copia profusa; animus, nec sponte, varius et mutabilis.

SYMPTOMS.

Females are more subject to this disease than males; they are most liable to be affected with it from the time of puberty till thirty-five years of age, and it most frequently occurs about the menstrual periods. It is generally preceded by a sense
of

of fulness on one side of the abdomen, whence a ball seems to arise, and, after making some turns, to ascend to the stomach and pharynx, and gives an idea of suffocation; the patient then becomes insensible, and the body is variously convulsed, writhing about, and the hand is continually beating the breast, with the fist clenched. After some little time the convulsive motions go off, leaving her in an apparent sleep, from which she gradually recovers, with frequent sighing and sobbing, and the intestines seem much affected with flatus.

It is often attended with frequent and sudden transitions from laughing to crying, and *vice versa*.

It varies in the violence and number of symptoms, and is frequently preceded by an unusually great discharge of limpid urine.

REMOTE CAUSES.

Mobility of the nervous system, and most of those producing epilepsy.

THE PROXIMATE CAUSE

Imagined to be a spasmodic affection of the uterus.

DIAGNOSIS.

It will be distinguished from epilepsy by the globus hystericus, by the quantity of limpid urine, and by the frequent transitions from laughing to crying, and, according to Dr. Darwin, from the great fear of dying.

CURE.

In the paroxysm bleeding is necessary, and opium and *asæ fœtida* given by the mouth, if it can be retained, and by clyster, have the best effects.

℞. Tinct. asæ foetid. ʒj.

Aq. menth. sativ. ʒij.

Tinct. opii gtts. xv. m. f. haust.

Vel,

℞. Gum. asæ foetid. ʒij. vel. tinct. opii ʒj.—ʒiſs.

Aq. fervent. ʒxij. solve pro enemat.

A clyster of very cold, or iced water, gives instant relief.

The remote causes being in many respects the same as those of epilepsy, the radical cure must be the same.

CHAP. XIV.

Of HYDROPHOBIA.

CHARACTER.

Potionis cujuslibet, utpote convulsionem pharyngis dolentem cientis, fastidium et horror; plerumque a morſu animalis rabidi.

The dreadful disease here treated of is the hydrophobia, in consequence of the bite of a mad animal.

The attendant symptoms are so well known, that an account of them is unnecessary.

The most certain preventive is cutting out or destroying the part bit as soon as possible, and it may prevent the effects of the bite some days after it has happened.

The best medicines for the cure and prevention are mercury and opium, ordering blood-letting at the same time.

The mercury should be introduced in large quantities, and its use should be continued a long time.

And

Dr Previali of Pavia
highly recommends
generated muriatic acid
Hydrophobia
prescribed with success
the symptoms were abated
liquid form from 3j to 3ij
in citron water & syrup of
ion. how monthly
August 1821

HYDROPHOBIA.

The Gazette de Sante (Gazette of Health), a Medical Journal, published in Paris, contains the following article:—"M. Marochetti, Surgeon of the Hospital of Moscow, being in the Ukraine, in 1813, was requested to give his assistance to 15 persons who had received the bite of a mad dog. A deputation of aged men waited on him and entreated he would administer help to the unfortunate persons, through a peasant, who during several years had acquired great reputation for curing hydrophobia. M. Marochetti consented upon certain conditions. The country Doctor then administered to 14 of the persons confided to him, in a peculiar way. The youngest, a young girl of sixteen, was treated in the ordinary manner, for the purpose of proving the effect of both modes of treatment. To each of the fourteen, he administered daily one pound and a half of the decoction of the heads of yellow broom-flowers, and he examined twice a day under the tongue, the place where, according to his opinion, little swellings are formed, containing the virus of madness. These swellings rose the third or ninth day and were seen by M. Marochetti. Very soon after they appeared they were touched with a sharp red-hot iron, after which the patient gargled the part with the decoction of broom. The result of this treatment was that the 14 patients were cured in six weeks, whilst the youngest girl, treated differently, died on the seventh day, of convulsions of madness. Three years after, M. Marochetti paid a visit to the 14 persons, and they were all well. The same physician being at Podolia, in 1816, had a new opportunity of confirming this interesting discovery. The happy result of this mode of treatment was the same with reference to 26 persons, who had all bitten by a mad dog."

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Handwritten text on a larger, rectangular piece of aged paper, likely a label or note, placed on a larger sheet of paper. The text is written in a cursive script and is mostly illegible due to fading and blurring. Some faint words are visible, including "The" and "of".

As it is necessary to induce salivation as quickly as possible, the most active preparations, and such as are known more especially to affect the mouth, locally, should be made use of, such as the hydrarg. violatus; and mercurial fumigation should be ordered.

These means should be tried even after the appearance of hydrophobia.

Oil has been recommended internally, and to be used warm in frictions; and a bath of warm oil.

BOOK IV.

VESANIÆ, or DISORDERS of the INTELLECTUAL FUNCTIONS.

CHARACTER.

MENTIS judicantis functiones læsæ, sine pyrexia vel comate.

Delirium and insanity are only to be treated of here. Cullen defines delirium to be, “in a person awake, a false judgment, arising from perceptions of imagination, or from false recollection, and commonly producing disproportionate emotions.”

When this derangement of the mind takes place without pyrexia, or comatose affections, it is called insanity. Of this there are two species distinctly marked, requiring different treatment—melancholia, and mania or furious madness.

C H A P. I.

Of MELANCHOLIA.CHARACTER (*Sagari.*)

Infania chronica partialis, moesta, meditabunda; delirant melancholici sine furore et sine febre, de uno potissimum objecto constanter, delirant circa semetipsos, aut suum statum, de reliquis objectis adhuc sat bene ratiocinantes.

SYMPTOMS.

In this disease the patient shuns society, and courts solitude, is fearful and low spirited, and these symptoms are frequently observed for some time before an actual derangement is perceived. He indulges a certain train of thoughts upon one subject, and generally fixes upon that which was the cause of his misfortune, if it has been brought on by any sudden and violent affection of the mind. The face is generally pale, the urine is small in quantity and watery, and the patient is generally costive, and the stomach affected with flatus; and in some cases, so miserable are the feelings, that the unfortunate wretch seeks every opportunity of putting an end to them, by terminating his existence.

REMOTE CAUSE.

Hereditary disposition, melancholic temperament, depressing passions, great and affecting disappointments, suppressed evacuations, intemperance, and injuries of the cranium.

PROXIMATE

PROXIMATE CAUSE.

Supposed to be a drier, firmer texture of the medullary substance of the brain.

DIAGNOSIS.

In some cases it is difficult to distinguish this disease from hypochondriasis, but the following circumstances will assist us in the diagnosis:—In melancholia, the dyspeptic symptoms are never present in so great degree, and they are sometimes wanting; in this disease, too, the fear and anxiety extend to several circumstances, while in hypochondriasis they are almost constantly confined to the state of the health.

PROGNOSIS.

When this disease is hereditary we can hardly expect a radical cure, and its removal will be extremely difficult if it depends upon affections of the mind, or injuries of the cranium.

If it arises from suppressed evacuations, or corporeal causes, we have greater hopes. In these cases a diarrhoea, hæmorrhage, or eruptions, sometimes carry off the complaint.

If the patient begins to enjoy sound refreshing sleep, if the mind can be easily diverted from its accustomed train of reflections, and becomes capable of lively impressions, we may hope for a recovery.

When the strength fails, and epileptic or comatose affections come on, they will generally prove the harbingers of death.

CURE.

CURE.

The first step, in cases of insanity, is for the physician and attendants to gain an ascendancy over the patient; the means of acquiring it must vary with the disposition, which therefore must be carefully studied; and they will also necessarily be different in mania and melancholia. Here blood-letting is seldom necessary, but costiveness, generally an attendant upon this disease, must be removed by the daily exhibition of opening medicines. The following answers very well:

R. Kali tartarif. ʒij.

Aq. puræ ʒij.

Syr. limon. ʒij. m. f. haust. horâ decubitûs, vel nocte maneque quotidie sumendus.

If any dyspeptic symptoms affect the stomach, they must be relieved by the means pointed out p. 167 and 168, and the other treatment must be in many respects the same as was recommended in hypochondriasis.

Every care must be taken to prevent the patient's having an opportunity of destroying himself.

The diet must be regulated by the strength and other circumstances; but it should in general be light, nourishing, and of easy digestion.

CHAP. II.

MANIA.

CHARACTER (*Sagari.*)

Delirium apyretum circa quævis objecta, cum furore, audacia, et robore; maniaci habent plerumque

rumque lucida intervalla; subin est mania periodica; unde lunatici.

The symptoms of furious madness are so well known, that an enumeration of them must be unnecessary.

REMOTE CAUSES.

Violent and frequently excited emotions and passions, organic affections of the skull, long-continued melancholy, and an hereditary predisposition, sanguine temperament, and intemperance.

PROXIMATE CAUSE.

Increased excitement of the brain.

DIAGNOSIS.

It will be distinguished from phrenitis, and the delirium forte attending fevers, by the state of the pulse, and absence of head-ache.

CURE.

In this disease a complete ascendancy must be gained over the patient, and, when necessary, awe and fear must be established by severity. His actions must be effectually restrained, which will be best done by the strait waistcoat. He must be confined in a dark place, and kept as quiet as possible, and in as erect a position as he can conveniently bear. He must be prevented from seeing those he has been long in habits of intimacy with, or objects he has been accustomed to, and his attendants should be exchanged no oftener than is absolutely necessary.

At the attack, general and topical bleeding should be ordered, and the blood should be drawn from a large orifice, and continued till the patient faints; and

and the temporal artery or jugular vein should be preferred. When the disease has continued long, bleeding will do no service, and therefore should not be advised.

The daily use of cooling purgatives must be insisted on, and the kali tartarizat. in the form p. 220. is as proper as any for this purpose.

Immerision and retention in cold water have sometimes removed mania; the patient must be thrown in by surprise, and kept in for some time, impressing him at the same time with fear. Snow, ice, or other cold substances, may be applied to the head, which ought always to be shaved in the beginning. Blistering has not been found to do much service, except when used at the first attack. Opium in large doses has been beneficial.

Large doses of camphor are recommended; De Berger has found the best effects from it. It should be given in gradually augmented doses, to the quantity of half a drachm, three times a day. He gives this direction as to its exhibition:—"In eo vero momentum præcipuum situm est, ut sufficiente dosi, et satis diu adhibeatur."

The following medicine is also said to have cured the disease:

R. Fol. digit. purp. sic. ʒj.

Aq. fontan. ℥iiss. coque ad colat. ℥j.

Tinct. aromatic. ʒj. m. dos. cochl. j. amp. ad iij. tertiâ quâque horâ.

Or it may be given in pills:

R. Fol. digit. sic.

Pul. aromatic. āā ʒj.

Conf. rosar. q. s. m. f. pill. No. xx. dos. j.—ij. tertiâ quâque horâ.

These

These are to be continued till the pulse is considerably diminished, or sickness induced; they are then to be left off till the effects cease. And in this way it is to be given twice or thrice a week.

Pressure of the carotid arteries, as recommended by Dr. Parry, hard exercise, and long-continued journies, may also be advised. The diet should be low.

CLASS III.

Of Cachexiæ.

CHARACTER.

TOTIUS vel magnæ partis corporis habitus depravatus; sine pyrexia primaria, vel neurosi.

BOOK I.

MARCORES.

CHARACTER.

CORPORIS totius macies.

CHAP. I.

TABES.

CHARACTER.

Marcor, asthenia; pyrexia hæctica.

The wasting of the body arises from innumerable causes. It is generally symptomatic of some disease, when it will of course cease with the disease. It may also be idiopathic.

For the tabes of infants, dependant on diseased mesenteric glands, and accompanied with large hard belly, the hydrargyrus muriatus is the best medicine, and will seldom fail to cure it. For a child of two years

years of age the proper dose is an eighth of a grain night and morning; gradually increased to a quarter of a grain. Fomenting the abdomen for an hour, night and morning, with salt and water will assist the cure.

The nature of the complaint, and the consequent means of cure, will be understood from a consideration of the

REMOTE CAUSES.

A want of a sufficient quantity of food, or its not being sufficiently nutritious, or its being rejected by vomiting; obstruction of the glands of the mesentery, through which the chyle must pass in its course to the thoracic duct; imperfect digestion; excessive evacuations; concretion of the small vessels, or paralysis of the large arteries; great and violent exercise, fever, phthisis, and various diseases; poisonous, and other acrimonious matter in the fluids, causing an absorption of fat. *Mastrupatio*.

PROXIMATE CAUSES.

Deficiency of the fluids in the body, or fat in the cellular membrane.

CHAP. II.

ATROPHIA.

CHARACTER.

Marcor, et asthenia, sine pyrexia hectica.

This disease is distinguished from tabes by the absence of hectic fever.

Q

As

As far as it acknowledges the same cause as the tabes, its removal must be effected by the same means.

CHAP. III.

Of the ATROPHIA LACTANTIUM.

A wasting of the body in those who suckle children, is a disease that has lately prevailed much among the inferior classes of women, and it appears with these

SYMPTOMS.

They first become languid and weak, and fatigued after the slightest exercise; the appetite is impaired, and they feel pains in the back and limbs. To these succeed symptoms of atrophy; in particular, the face becomes thin, and is marked with a certain delicacy of complexion and paleness about the nose, and a slight settled redness in the cheeks. If they continue to give suck, they are now sensible of transient stitches in the sides, under the sternum, or some part of the thorax. A slight cough, and degree of dyspnœa attend; the pulse is frequent, but not so hard as in phthisis pulmonalis. Morning sweats come on; abscesses are formed in the lungs; there is an expectoration of pus mixed with mucus; the weakness increases, and the patient dies exhausted.

REMOTE CAUSES.

Dr. Walker, from whose excellent account of the disease this is taken, is of opinion that it arises from debility

debility and an impoverished state of the system, owing to a deficiency of nutritious aliment, while the constitution particularly requires it, to repair the continual waste which is the consequence of sucking. He considers the lungs only secondarily or symptomatically affected; and he ascribes these effects in a great measure to the great use made of tea by the people whom it particularly affects.

CURE.

The curative indications are obviously,

1. To restore the wasted strength;
2. To relieve the affection of the lungs;
3. To quiet or remove the fever.

1. The strength will be restored by avoiding the remote causes—In the first place, the mother must immediately wean her child upon the first appearance of the symptoms of debility. The diet must be changed; tea must be left off, and the patient must live on milk, broth, and a small quantity of animal food, with the esculent roots; and jellies, sago, salep, and tapioca, will furnish proper food. The animal food must be taken at an early dinner, and must not be allowed in the evening.

Debility will also be further removed, and tone given to the system, by gentle tonics, such as watery infusions of the bark with the vitriolic acid, and the preparations of iron. The following is recommended:

Q 2

℞. Gum.

℞. Gum. myrrh. pulv. ʒj.
 Tinct. cort. Peruv. ʒvj.
 Tere simul et adde sensim
 Aq. fontan. ʒvj.
 Sal. nitr. ℥ij.
 Ferri vitriol. gr. xij.
 Syr. tolutan. ʒss. m. f. mist. cujus capiat ægra unciam,
 mane, jejuna, hora undecima matutina, et quarta
 pomeridiana.

2. The affection of the lungs is to be relieved. This it appears may be of two kinds, slightly inflammatory, or spasmodic. If the hardness of the pulse, oppressed breathing, or fixed pain in some part of the thorax, shew an inflammatory determination, a small bleeding, to the amount of two or three ounces, is recommended; and it will probably have the best effect if taken from the pained part by leeches; and blisters should be successively applied to different parts of the thorax. In this state of things the diet must be strictly confined to milk and vegetables, and the use of the bark and of tonic medicines suspended till the inflammatory symptoms are removed, and, in their stead, laxatives and cooling saline medicines, (and perhaps the antim. tart. in nauseating doses) should be ordered, and the cough kept quiet by mucilaginous and demulcent liquids.

If the affection of the lungs is spasmodic, the blisters will be sufficient to relieve it.

3. We are to remove the fever by shortening the paroxysms, by the saline medicines, and antim. tart. and the subacid fruits, and preventing their recurrence by the tonics mentioned above. Bleeding

is not to be thought of, unless the inflammatory symptoms appear evident, and render a small one necessary, and it will be the most efficacious probably in the way mentioned above.

BOOK II.

INTUMESCENTIÆ.

CHARACTER.

TOTUM vel magna corporis pars extrorsum tumens.

SECT. I.

CHAP. I.

POLYSARCIA.

CHARACTER.

Corporis pinguidinosa intumescencia molesta.

Extraordinary fatness must be prevented or removed by violent regular exercise, little sleep, and spare diet. Acids will reduce it, but they should not be taken in large quantities. Camphor is said to have the power of removing obesity.

The means recommended should be used as soon as ever the disposition to fatness is perceived: for when it has taken place to a considerable degree, they will be with difficulty put in practice.

S E C T. II.

F L A T U L O S Æ.

C H A P. I.

E M P H Y S E M A.

C H A R A C T E R.

Corporis intumescencia tensa, elastica, sub manu crepitans.

S Y M P T O M S.

This is a collection of air in the cellular membrane; it sometimes spreads universally over the body, which is often greatly swelled by it. It is attended with an evident crackling upon pressure, and elasticity, and sometimes with an extreme difficulty in breathing, oppression, and anxiety.

C A U S E S.

It sometimes arises without any evident external cause, and is then called spontaneous, but this is a very rare occurrence.

It has been known to come on immediately after delivery, without an evident cause.

It generally, and indeed almost always, happens in consequence of wounds or injuries of the thorax affecting the lungs, in which case the air passes from the lungs through the wound into the surrounding cellular membrane, and thence spreads over the body.

C U R E.

CURE.

Our intentions must be directed to remove the causes of the disease, to evacuate the collected air, and in the interim to relieve the urgent symptoms.

The general and evident causes will commonly be wounds of the thorax affecting the lungs, which will fall most properly under the care of the surgeon; and for the management of them I refer to the books on surgery.

The air must be evacuated by scarifications into the cellular membrane, made in different parts of the body, as circumstances require, and the air pressed out by the hand.

The violent dyspnœa and anxiety will be relieved by bleeding and laxatives, and the pain and uneasiness arising from the distension by relaxing applications applied to the skin.

CHAP. II.

TYMPANITES.

CHARACTER.

Abdominis intumescencia, tensa, elastica, sonora, calvus adstricta; cæterarum partium macies.

Of this disease there are three species:

1. Tympanites intestinalis, in which the air is contained wholly in the intestines,

2. Tympanites enterophysodes, where the air is not entirely confined within the cavity of the intestines, but a part is between their coats.

Q 4

3. Tympanites

3. Tympanites abdominalis, in which the air is loose within the cavity of the abdomen, or in the peritoneal sac.

These cannot be easily distinguished from each other. The most frequent case is the tympanites intestinalis.

SYMPTOMS.

Sometimes this disease comes on suddenly in fevers, when it is called meteorismus; it is often preceded by unusual flatulency, borborygmi, and a frequent and uncommon expulsion of air upwards and downwards, attended with colic pains. As the disease advances the abdomen is greatly distended, and retains the same figure in every variation of position. The swelling does not yield much to pressure, and in what it does it soon recovers its former state; it feels very elastic, sounds like a drum, and no fluctuation can be perceived. The patient is extremely costive: at first the urine is not much altered either in quantity or quality; but in the advanced stage of the disease a change takes place in both respects, and dysuria, and even ischuria, sometimes come on. The appetite is impaired; there are thirst, heat, and pyrexia, and the body is emaciated.

The abdomen becomes in time greatly swelled, the respiration difficult, with cough and great anxiety. Matters grow worse in every respect; the fever increases, the patient's strength is exhausted, and he dies frequently in consequence of supervening gangrene.

The remote causes of tympanites are not ascertained. It has succeeded the drying of long-continued discharges from cutaneous eruptions; hardened fæces too have been found in the colon of those dying of the disease. Sudden suppression of diarrhœa, and improper exhibition of the bark, have been thought the cause, but apparently without foundation.

PROXIMATE CAUSE,

Appears to be a spasmodic constriction and loss of tone in the muscular coat of the intestines, and it most frequently takes place in the colon.

DIAGNOSIS.

It will be distinguished from ascites, by the elastic feel, by the absence of fluctuation, by the state of the bowels, and urine. This disease has seldom been removed.

CURE.

The curative indications are to remove the spasm and restore the tone of the intestines.

The first intention must be attempted by laxative clysters and medicines; by opiates and other antispasmodics. The warm bath, so powerful an antispasmodic, must not be advised in this case, as it might aggravate the disease by rarifying the contained air. But it will be proper to apply a blister to the abdomen, and to bathe it with camphorated spirits, or any other warm antispasmodic liniment.

The action of the distended intestines should be excited, by the application of cold substances, such as water, or snow, to the abdomen, and the exhibition of aromatics joined to tonics, at proper intervals
between

between the taking the antispasmodics. The following forms are proper :

R. Pulv. flor. cham. gr. xv.

—— aromatic. gr. vj.

Camphor. gr. viij. m. f. pulv. 4ta quaque hora sumend.

Vel,

R. Infus. quassia ʒifs.

Tinct, aromatic. ʒj.

Ol. anisi (in paul. sacch. trit.) ʒtt. j. m. f. haust. 4tis.
horis sumend,

Vel,

R. Alum. gr. vj.

Pulv. cort. Peruv. gr. x.

—— zinzib. gr. vj. m. f. pulv. 4ta quaque hora sumend.

Other essential oils may be given, and the abdomen should be bandaged.

A clyster pipe should be introduced into the rectum, and kept in a considerable time, and often repeated.

The least flatulent food should be taken, and such things given as will check the fermentation of the food; such are the mineral acids, bile, and small quantities of ardent spirit.

When the disease is removed, the patient must pay particular attention to his diet, avoiding for some time flatulent food, using such as is of easy digestion, and costiveness must be prevented by stomachic aperient medicines.

Quere. Might not the cold bath, continued long enough to become antispasmodic and relaxant, produce good effects in this case?

We have great reason to believe that it may be
used

used in such a manner as to prove highly so, from its effects in trismus and jaundice.

S E C T. III.

AQUOSÆ *sive* HYDROPEs.

A preternatural collection of watery fluid in any part of the body is called dropsy, of which there are several species, having different names according to the different parts it is contained in.

When it is diffused through the cellular membrane, in whole or in part, it is called anasarca.

When it is in the cavity of the cranium, it is called hydrocephalus internus.

When in the vertebræ of the loins, hydrorachitis.

When in the thorax, hydrothorax, or hydrops pectoris.

In the abdomen, ascites.

In the uterus, hydrometra; and within the scrotum, hydrocele.

GENERAL REMOTE CAUSES.

Debility of the system, especially that brought on by the immoderate use of spirituous liquors; which induce laxity of the exhaling and absorbent system, and obstructions of the liver, or other abdominal viscera. Polypus in the right ventricle of the heart, ossification of its valves; considerable and permanent obstructions of the lungs, which may cause dropsy by impeding the return of the blood to the heart,

heart. Taking a large quantity of fluids, exposure for a length of time to a humid atmosphere; frequent and long-continued immersion of a part of the body in water; excessive evacuations; long-continued issues; inflammation of internal surfaces; rupture of the thoracic duct, causing hydrothorax; or of the lacteals, ureters, kidneys, or bladder, inducing ascites.

PROXIMATE CAUSE.

An increased effusion, or diminished absorption of the fluids, or both.

CHAP. I.

Of ANASARCA.

CHARACTER.

Corporis totius, vel partis ejus intumescencia mollis, inelastica.

SYMPTOMS.

This disease shews itself in a swelling upon the surface of the body, at first generally appearing only in the lower extremities in an evening. The tumefaction is soft and inelastic, and retains for some time the impression of the finger; the colour of the skin is paler than usual, and sometimes in the advanced stage it exhibits more or less of a livid hue.

The swelling is uniform, and sometimes spreads over the whole surface of the body, gradually ascending to the trunk and superior parts, but the most inferior

inferior are the most loaded. The patient has great thirst, the urine is small in quantity, high coloured, and deposits a reddish sediment.

In the advanced stage of the disease there are great dyspnœa and cough, palpitations of the heart, and faintings; and the skin is dry in general, through the whole of the complaint.

PROGNOSIS.

If it arises from visceral obstructions, the cure will be extremely difficult; it will be less so when laxity and debility are the cause. The urine increasing in quantity, and becoming paler, the skin being less dry, and the thirst diminishing, are favourable symptoms, and afford hopes of a removal of the disease.

CURE.

We aim at the accomplishment of these intentions,

1. The evacuation of the collected fluid.
2. The removal of the remote causes, or their effects.

The first may be obtained,

By scarifications, which should not be made large, as they may become gangrenous, to which there is always a tendency in this disease.

By blisters, which should be used early, and with caution, for the reasons just mentioned.

By issues, which may be made, under the same precautions, below one or both knees.

By the application of colewort leaves to the legs and thighs, repeated occasionally as they become imbued with moisture.

By

By bandages applied to the extremities.

The digitalis purpur. which has done great things in this disease; for the formulæ of which see p. 222.

By emetics.

℞. Vin. ipecac. ℥iss.

Antim. tartarif. gr. ij. m. f. haust. alternis diebus fumend.

Vel,

℞. Pulv. scill. ficc. gr. iij.—iv.

— aromatic. gr. iij.

Sacch. alb. gr. vj. m. f. pulv. h. f. et mane, quotidie fumend.

Vel,

℞. Oxymel. scill. ℥iss.

Vin. antimon. ℥j. m. f. haust. emetic. secunda quaque die fumend.

Vel,

℞. Haust. emetic. cum

Cupr. vitriolat. p. 137.

By purgatives.

℞. Pill. e colocynth. c. ℥j.

Ol. juniper. gtt. ij. m. f. pilul. v. pro dos. alternis diebus cum regimine fumend.

Vel,

℞. Pulv. jalap.

— scammon. āā gr. xv.

Ol. cinamom. gtt. j. m. f. pulv.

Vel,

℞. Pulv. jalap. gr. xv.

— gum. gambog.

Calomel. ppt āā gr. v.

Ol. menth. ess. gtt. j. m. f. pulv.

Vel,

℞. Elaterii gr. j.—ij.—iij. formâ pilulæ.

Vel,

Vel,

℞. Chryst. tartari ℥j.—℥iss.

Aq. fervent. ℥ij. mane sumend. alternis diebus.

This is a powerful medicine in dropfy, and acts as a purgative or diuretic, and sometimes in both ways. To direct its operation more certainly to the urinary organs, it will be adviseable to give plentifully of tepid liquids after it; or the same effect may be produced by giving the same quantity in divided doses, at short intervals, until the whole is taken.

By diaphoretics.

This action of the vessels upon the surface of the body may be excited by friction, giving at the same time small doses of antimon. tartarif. and desiring the patient to wear a flannel shirt and drawers, and woollen stockings.

Or sweating may be induced by the following means:

℞. Pulv. ipecac. comp. gr. xv.—℥j. hora decubitûs sumend.

In the process the patient should lie between blankets; the sweating should be kept up twenty-four hours at least, supporting him during the operation by frequent tepid liquids.

By stimulants, p. 162.

By sialagogues.

When every other means have failed, the dropfy has been cured by salivation quickly induced by mercurial frictions, and continued until the swelling was subsided.

It has been a general rule, and very rigidly observed,

served, to refuse liquids to dropical patients. As great thirst is almost always a symptom, and when not quenched it is a most distressing one, it is proper to observe, that cold water has frequently been allowed without increasing the disorder, and that sometimes it has been cured by large draughts of cold water. When, however, it has been liberally allowed, and the quantity of urine is not increased by it, its use should be discontinued.

Cyder, drank to the quantity of two quarts in a day, has cured dropsy.

In effecting the second indication, we must distinguish between the remote causes which still exist, and those which remain as the effects of others already removed.

Of the first kind are those morbid affections of the abdominal and thoracic viscera, enumerated, p. 235, 236; intemperance, exposure to a moist atmosphere, and immersion of part of the body in water.

Among the second may be numbered debility, induced by large evacuations, long continued intermittent fevers, and the use of spirituous liquors, the effects remaining although the practice may be discontinued. Inflammation of internal surfaces.

The diseases of the viscera may be of different kinds. If they are scrofulous, they must be treated in the manner to be pointed out in the management of that disease.

If they acknowledge a venereal cause, the remedies recommended in that case must be advised.

If they proceed from the use of ardent spirits,
6 that

that must be discontinued, and the obstructions, &c. must be removed by de-obstruents, and particularly mercury, given with caution.

Polypus of the heart, ossification of its valves or great vessels, and erosions of the thoracic duct, are diseases beyond the reach of medicine. The remaining causes of this first set must be cautiously avoided.

The debility and loss of tone of the system are to be removed by carefully shunning their causes; by tonic medicines, by exercise, and by supporting the integuments of the lower extremities by bandages; and diligent friction of them every morning should be advised.

It will be proper to join diuretics to the tonics, and the following forms are well enough adapted to the purpose:

R. Decoct. cinchonæ,

Vel,

Infus. amar. simp. ℥vj.

Aq. fœnic. ℥j.

Kali acetat. ℥ij. m. f. mist. sumt. cochl. iv. ter. in die.

Vel,

R. Infus. cort. Angustur. ℥iss.

Aq. anethi ℥j.

Tinct. canthar. gtts. xv.—xxv. m. f. haust. ter. in die sumend.

Vel,

R. Pilul. aromat.

Pulv. rhab. āā ℥j.

— scill. sicc. gr. vj.

Ol. juniperi gtts. vj.

Syr. q. s. m. f. pill. No. xxiv. quarum capt. iij. bis in die superb. haust. sequent.

R

R. Infus.

℞. Infus. quassiae ℥iss.

Tinct. cort. Peruv. ʒj. m. f. haust.

Vel,

℞. Ferri vitriol.

Gum. myrrh. elect.

Extract. cinchonæ aa ʒj.

Kali præp. ʒss.

Syr. q. f. m. f. pil. XLII. dos. ij.—iv. ter quaterve in die.

Vel,

℞. Gum. myrrh. elect. gr. xv.

Ferri vitriol. gr. v.

Kali præp. gr. x.

Aquæ puræ ℥iss.

Tinct. cardamom. ʒiss. m. f. haustus.

CHAP. II.

HYDROCEPHALUS INTERNUS, *or* DROPSY of the HEAD.

CHARACTER.

Capitis Intumescencia mollis, inelastica; hiantibus
cranii futuris.

SYMPTOMS.

This disease most frequently attacks children, and in general comes on gradually. A pain in the head commonly precedes the other symptoms; then the child is observed to be heavy and less lively than usual, and to lose its appetite.

There is fever, with a frequent, weak pulse; the skin is dry and hot, there are frequent flushings in the cheeks, nausea, vomiting, stupor, and coma; the pupils of the eyes are much dilated, and do not contract

contract when exposed to the light; sometimes strabismus and total blindness are produced. As the disease advances, the head becomes enlarged, the sutures receding from each other; convulsions, and subfultus tendinum, and moaning, come on, and sometimes, just before death, violent shriekings.

CAUSE.

Where hydrocephalus internus does not occur as a symptom of general dropsy, it is 'generally' produced by effusion, the consequence of inflammation of some part of the encephalon.

DIAGNOSIS.

This will be distinguished from amaurosis, or gutta serena, by the fever, stupor, convulsions, and the other attendant symptoms.

CURE.

When it is attended with universal dropsy, the means proper for the removal of that disease must be employed.

In the other cases of it, in the first stage, large bleeding, general and topical, will be proper, and the absorption of the fluid the immediate cause of the disease, must be promoted by purging, blistering the head, and quickly inducing salivation.

It must be confessed and lamented that this has been generally found an incurable disease.

Quere.. Would not frequent vomiting be likely to act powerfully in promoting the absorption.

Most of the symptoms of hydrocephalus have been produced in children from the intestines being loaded with mucus, or viscid matter.

In this case there will have been long costiveness, there will generally be perceived an enlargement and hardness of the abdomen; the head is not increased in size, and the symptoms will not be preceded by cephalalgia, which I imagine will generally, upon inquiry, be found to have existed before the other phænomena of hydrocephalus have appeared. Two or three brisk mercurial purges, by emptying the intestines effectually, remove these alarming symptoms.

CHAP. III.

HYDROTHORAX, *or* DROPSY *of the* BREAST.

CHARACTER.

Dyspnœa; faciei pallor; pedum œdemata; urina parca; decubitus difficilis; subita et spontanea ex somno cum palpitatione excitatio; aqua in pectore fluctuans.

SYMPTOMS.

This disease is a collection of watery fluid within the cavity of the thorax: it is sometimes in both sacs of the pleura, divided by the mediastinum, and sometimes only in one; it may be in the pericardium, or cellular texture of the lungs and pleura, or in hydatides attached to different parts of the internal surface of that membrane.

When with the other symptoms of dropsy, such as anasarcaous swellings of the lower extremities,
scarcity

scarcity of urine, thirst, and paleness of the complexion, the patient feels a sense of oppression and tightness about the scrobiculus cordis; dyspnoea, especially in the night, or when in a horizontal position; and cough, at first dry, but afterwards accompanied with an expectoration of mucus; when with these symptoms, he is suddenly awaked, soon after falling asleep, with an extreme anxiety and difficulty of breathing, and palpitation of the heart, obliging him to arise, we have great reason to presume, that he labours under an hydrothorax. If a fluctuation is perceived by the patient himself, (which is sometimes the case) or by the practitioner, there can of course be no doubt.

Sometimes a protuberance may be observed on one or both sides, and sometimes there is a numbness in one or both arms.

The pulse, in the advanced stage of the disease, becomes irregular and intermitting.

DIAGNOSIS.

This will be distinguished from empyema and asthma, by the antecedent and attendant symptoms, and especially by the occurrence of the difficulty of breathing and anxiety during the first sleep in the night.

PROGNOSIS.

This disease has been seldom cured.

CURE.

The removal of it must be attempted by the same general means as were prescribed in anasarca, and in some cases the water may be evacuated by

R. 3.

the

the paracentesis of the thorax. Perhaps it should be performed, in most cases as soon as the presence of water can be ascertained, and that will be done most readily in those cases, in which alone it can be attended with any probability of success, viz. when the water is loose in the sacs of the pleura; for water in the pericardium, in hydatides, or in the cellular texture surrounding the bronchiæ, is not easily detected; for the anasarca of the lungs, the digitalis is the most powerful medicine.

CHAP. IV.

ASCITES, *or* DROPSY *of the* ABDOMEN.

CHARACTER.

Abdominis intumescencia tensa, vix elastica, sed fluctuosa.

SYMPTOMS.

Water may be collected within the parietes of the abdomen in different situations as well as in the thorax; for it may be in the peritoneal sac, that is, loose within its cavity, or in hydatides, or in the cellular texture. Sometimes the water is contained in sacs attached to the coats of the intestines, or the inner surface of the peritoneum, and sometimes the sacs are found without the latter, between it and the abdominal muscles, and it is then called the encysted dropsy.

The ascites appears with a protuberance generally first perceived in the hypogastrium, which
gradually

gradually extends until the whole abdomen is universally and uniformly swelled and tense. When the water is loose within the peritoneal sac, the patient feels a weight on inclining to or lying on one side, and can often plainly perceive a fluctuation, while the protuberance is evidently increased on that side. The practitioner in this case will generally be sensible of a fluctuation evident to his touch and hearing. As the swelling increases a difficulty of breathing comes on; the face is sometimes bloated, pale, or of a livid hue.—There is great thirst, and in the advanced stage the pulse is frequent; the urine is small in quantity and high coloured, and this is especially the case when the disease is attended with general hydropic symptoms, which however do not always accompany ascites; for when it is occasioned by the morbid affections of the viscera mentioned as causes of ascites, it is frequently without any symptoms of dropical diathesis.

DIAGNOSIS.

The fluctuation distinguishes this disease from tympanites and physconia. It is difficult to determine the different situations of the collected fluid, and the judgment must rest upon the following considerations:—If the protuberance is most considerable in one particular part, and if in the progress of the disease the swelling is not equal, distending the abdomen every way alike, and if when one side is stricken smartly with one hand a fluctuation is not perceived by the other placed on the opposite side, we may generally conclude that the water is

not loose within the cavity, but that it is contained in hydatides or cysts.

There is a species of incomplete ischuria, mentioned by Morgagni, wherein though some urine is discharged, yet a considerable quantity is retained in the bladder, which is distended to a large size. This disease proceeds from scirrhusities in the neck of the bladder, or beginning of the urethra, and from a diseased and thickened state of the bladder itself.

We must be very careful to distinguish ascites from it, for which it has been mistaken, and the difference will be known by these circumstances.

In the ischuria the tumour is round and circumscribed, is situated immediately above the pubes, and does not extend as the tumefaction does in ascites.

CURE.

The cure is to be attempted upon the general plan recommended in anasarca, and there is a singular method of procuring the urinary discharge recommended in this case, which is, long-continued gentle friction of the abdomen with the fingers dipped in oil; this is to be repeated daily.

Fomenting the abdomen with hot salt and water, or sea water, for an hour twice a day, has been of use.

If other means of procuring the evacuation of the water fail, recourse must be had to the operation of the paracentesis, for which I refer to the writings on surgery, in most of which there are full directions for the performance of it.

It

It can be of little use in the encysted dropfy, or in a case of hydatides; the considerations therefore pointed out above for ascertaining the situation of the contained fluid must determine the propriety of the operation.

In the encysted dropfy, when the cysts are exterior to the peritoneum, the water must be let out by proper openings made into them.

In the case of hydatides no method of cure is yet known, as they are caused by an animalcula contained within them.

In the treatment of the hydrometra, the means used must be adapted to the causes.

In the hydrocele the cure is performed by a surgical operation, and cannot therefore be considered here.

But I hope Mr. Earle will pardon my saying, that I think mankind much indebted to him for the simple and efficacious method of cure he has lately introduced, which, if pain and confinement are evils that human nature cannot easily bear, must be esteemed a valuable improvement.

S E C T. IV.

INTUMESCENTIÆ SOLIDÆ.

CHAP. I.

RACHITIS, *or* RICKETS.

CHARACTER.

Caput magnum antèrius maxime tumens; genicula tumida; costæ depressæ; abdomen tumidum; cætera marcescentia.

SYMPTOMS.

SYMPTOMS.

This disease seldom appears before the ninth month, or after the second year of the child's age, but at various periods between; and it shews itself in a flaccidity of the muscles and integuments, and a wasting of the body, while some parts become preternaturally enlarged, especially the head and forehead. The sutures and fontanelle are unusually open; the joints become large, the ribs lose their convexity, the sternum protrudes in form of a ridge, while the spine of the back becomes incurvated; the bones of the limbs between the joints waste away, and bend from their inability to support the weight of the body; the abdomen becomes hard and enlarged, the stools are frequent and loose; the appetite is often not much impaired; the child is averse to motion, and in the advanced stage of the disease some degree of pyrexia occurs.

Some tumefaction of the face, with a paleness, or rather a sulphureous yellow colour in the cheeks, may in general be observed among the first symptoms.

In some cases the disease stops here, and the child recovers its health and strength, but the limbs remain crooked.

Dissections of those who have died affected with rickets have shewn various morbid appearances in the abdominal and thoracic viscera, and such a softness of the bones, that they could be easily cut through with a knife.

A sign of weakness in the digestive powers of an infant, is its passing the milk in a coagulated state in its stools.

REMOTE CAUSES.

Weakness, scrofulous habit, watery milk in the nurse, and a want of due exercise; too long a continuance at the breast.

PROXIMATE CAUSE.

Deficiency of what should form the solid, and particularly the osseous parts of the body.

CURE.

The rickets may be pretty certainly prevented by very early bathing; for where children are bathed from the time they are two months old the disease very seldom occurs. The removal of it will consist in strengthening the system by cold bathing, and tonic medicines.

Children can seldom be made to take the bark, or any bitters; the metallic tonics must therefore be had recourse to, to which rhubarb may be advantageously added.

℞. Rubig. ferri v.

Pulv. rhab. gr. iij.

Sacch. alb. pulv. gr. x. m. f. pulv. mane et vespere
quotidie sumend.

Vel,

℞. Zinc. calcinat. gr. ij.

Chel. cancr. ppt.

Sacch. alb. pulv. āā ʒj.

Pulv. aromatic. gr. xij. m. f. pulv. in chartul. No. vj.
dividend. capt. unum horâ somni et mane quotidie.

The quantity of rhubarb in the powders must be increased or diminished according to its effects, as it is intended only to keep the body gently open.

The

The quantity of the rub. ferri and zinc. must also be gradually augmented.

Gentle emetics are serviceable, as is friction with dry flannels.

If the milk of the nurse is too poor she must be changed, or cow's milk must be substituted. Exercise by gestation should be recommended, and the child must be moved in an horizontal posture, an erect one being apt to occasion or increase deformity, which should be farther prevented or removed by iron machines properly fitted to the limbs and spine.

BOOK III.

IMPETIGINES.

CHARACTER.

CACHEXIÆ, cutem et externum corpus præcipue deformantes.

CHAP. I.

SCROFULA, *or* EVIL.

CHARACTER.

Glandularum conglobatarum, præsertim in collo, tumores; labium superius et columna nasi tumida; facies florida, cutis levis, tumidum abdomen.

SYMPTOMS.

the Editor of the European Magazine.

SIR, April 18, 1816.
I think I may rely upon your humanity to give the following as early attention in your Magazine as possible, I have no doubt the same following will induce every editor of a Medical Journal, both in town and country, to copy it, as it is what may be relied on as a certain remedy.

I am, Sir,

Your very obedient Servant,
CHARLES KEESEY.

LIBLE CURE FOR THE KING'S
EVIL.

KEE of the herb sannicle, perhaps known to some of the herb men, if called cinnacle; the inward green kind of the tree from which berry wine is made likewise the leaves of the same tree, called fresh got water-docks cut in of each a like quantity, suppose a full; of rue, a few sprigs; cover with water, say about three and let it boil till reduced to less, stir it and press it through a cloth; let the patient drink of a tea-cupful, night and morning, and-day, if the stomach will take the dose must be regulated according to the strength of the decoction; it should operate too much by but only half the quantity of the buds of the elder-tree in the morning, but the same of the green before. These things can be had of the herb-women during winter months; but it is necessary to be against their cheating you in the roots, which they will do if they are. The water-dock grows thick and woody, like a man's fist, and is of a yellow colour when cut; it being much better to get up, on account of the water they will frequently bring the water-dock, which should be refused. The wounds should be often washed three or four times of the day with a double handful of linen rag, dipped in some of the decoction poured out for that purpose,

pose, and never any thing else applied. A milk diet should be used, and all kind of malt drink avoided as poison, as well as salted provisions: water, or barley-water, may be drank in lieu.

By pursuing this method regular, for three or four months, or less, according to the malignity of the complaint, the patient will be agreeably surprised with a sound and perfect cure, which will not break out again; as many scores of people are now living whom I have cured, or have cured themselves when I have informed them how; for I never for a moment concealed the way from any one: many of them have now been well some years, and remain strong and hearty, though several had been discharged from hospitals as incurable. I always recommend them to drink it a month after the wounds are healed, and a little the spring and summer following; for it is well known, wounds in many cases are healed up long before the complaint is conquered.

I would very seriously call the attention of Surgeons, particularly those who have the care of hospitals, to this mode of cure, and to make their report upon it, as it seldom happens but what some wretched creature, labouring under this disease, is committed to their care. I call their attention with the greater confidence, as my late father was an eminent surgeon, and I am therefore well acquainted with the regular method of treating this disorder, which at best is only to give relief. Young women with wounds in their neck and under their ears, soon get well, if otherwise sound and healthy, but if labouring under a deep consumption, proceeding from other causes, a cure cannot for a moment be looked for; but where there seems a disposition only, arising entirely from the King's Evil, a cure of both may be expected at the same time, with great certainty.

P. S. If a single case should ever fail, rest assured the patient has not given himself the trouble to have all the things boiled together; or has otherwise neglected taking it regularly, which I once knew to be the case with a young woman, who, after taking it for about three weeks, found such benefit from it as to leave off, and on being asked for why, she replied as she now knew how to do it, she thought she could cure herself any time.

To the Editor of the European Magazine.

SIR,

THE library of this town has furnished me with an interesting work on the Antiquities of Essex, but as I have already observed in a volume of your valuable Magazine, a very excellent account of St. Botolph's Priory, it is needless to enter further into the particulars of that wonderful monument of architecture. The reason of my addressing this letter to you, will not, at the first view, be readily acknowledged; nor should I think it of sufficient importance, were it not a general complaint, that, in the various books that have been sent into the world, upon antiquities of this country, so little has been mentioned of Cross

of Lord Hastings; many remarks have been inserted in the margin, in the handwriting of Richard the Third. The present occupiers of the premises in Cross square, would, I should suppose, cheerfully allow any member of the Antiquarian Society to search for this document, and if they contribute to the satisfaction of this useful Society,

I am, Sir, your obedient servant,
CHARLES JAMIESON
1815.

To the Editor of the European Magazine.

SIR,

AGREEABLE to your request, I send you the inscription on the Tablet erected in the Abbey Church, Bath, to the memory of your late wife; and remain your's affectionately,
Bath, Nov. 20, 1818.

T. P.

This Tablet
is the last said Offering of
The purest conjugal Affection to the Memory of
RAWSON HART BODDAM, Esq.
(late of Capel House, Enfield, Middlesex,
interred beneath,
Who died at Bath, on the 20th of May, 1812,
aged 78 Years.
In his early Youth he entered into the
Civil Service of the East India Company,

Anno Dom. 1755

And having, through a Course of the most zealous Devotion to the Interests of that Great Body, assiduously promoted the Honor of his King and Country, was in Testimony of his distinguished Merits, appointed Governor of Bombay. A.D. 1784.

His Administration was characterized by
the Virtues of the Gentleman,
the Philanthropist, and the Patriot.

On quitting that honorable Station,
He carried with him the Regrets of the
large Portion of Society, European and Asiatic,
that had experienced the
Blessings of his Government.

His dignified Retreat from Public Life
was but a Transition to the
Exercise of new Virtues;

In the Dispensation of Domestic Happiness to a numerous and affable Family, and the Pleasures of Society, to the Friends who loved, and the Neighbours, who respected him.

SYMPTOMS.

This is an hereditary disease, and its first appearance is generally between the third or seventh year, or at any period between these and the age of puberty, after which it seldom makes its first attack.

There is scarce any part of the body exempt from the action of this disease. It appears in small hardish tumours under the skin, moveable, and at the first not painful or discoloured, in the neck and under the chin; these often remain unaltered for a year or longer; they then assume a deep red or livid colour, by degrees becoming inflamed; they at length suppurate, breaking in little holes, from which a matter, at first puriform, is discharged, but it soon becomes less purulent in appearance, changing into a kind of viscid serous discharge; the holes now become ulcers, and spread in various directions, some healing, while others are forming and spreading: they do not penetrate deep, or do the edges rise or become callous. In this state they sometimes continue for many years, until the disease, appearing to have exhausted itself, they all heal.

Sometimes the eyes are the seat of the disease, and are affected with scrofulous ophthalmy, producing ulcerations in the tarsi, and inflammation of the tunica adnata, often ending in an opacity of the transparent cornea. It frequently attacks the joints; but in this case the symptoms are very different from those just described, and attended with much more serious consequence: they swell, and are affected with excruciating deep seated pain, which
is

is so much increased upon the slightest motion, as totally to prevent it. The swelling increases, and with it the pain, while the muscles of the limb are greatly wasted: in time matter is formed, and is discharged at small openings made by the bursting of the skin; it is peculiarly acrimonious, eroding the ligaments and cartilages, and producing a particular species of caries: in this state an hectic fever comes on, in consequence of the absorbed matter, which often proves fatal.

The abdomen is frequently swelled and hard, from the morbid enlargements of the viscera.

Scrofulous diathesis is generally indicated by a lax habit, rosy complexion, with light hair and blue eyes, a smooth skin, and thick upper lip and nostrils.

THE CAUSE

Is supposed to be a peculiar constitution of the lymphatic system.

CURE.

Sea-bathing is among the most efficacious remedies yet known for scrofula.

The mineral waters may also be tried, and the bark.

The juice of the fresh leaves of the tussilago, or a strong decoction of it when it cannot be procured in a green state, is much recommended.

I believe the best application to scrofulous tumours is sea water, or the aq. saturnin. or a solution of hydrarg. muriat.—Oily, emollient applications are to be avoided, and scrofulous tumours should not be invited to suppuration.

The

The hydrarg. præcipit. rub., or zinc. calcinat. sprinkled upon the ulcers, will greatly correct the discharge and dispose them to heal.

The cicuta has failed in its boasted efficacy, and is getting into disuse.

Oxygen gas has been lately tried with success, and poultices of sorrel (the oxalis acetosella) have been said to heal the ulcers and resolve the tumours.

CHAP. II.

SYPHILIS, LUES VENEREA, or VENEREAL DISEASE.

CHARACTER.

Morbus contagiosus, post concubitum impurum, et genitalium morbum, ulcera tonsillarum; cutis præsertim ad marginem capillitii, papulæ corymbosæ, in crustas et in ulcera crustosa abeuntes; dolores stitocopi; exostoses.

This disease is the effect of contagion, communicated by contact of some part of the body with venereal matter. The first symptoms, from which all the future mischief arises, are, Chancre and Bubo.

The secondary symptoms, the consequence of the two former being neglected, or improperly treated, are, venereal sore throat, ulcers of the skin and tongue, scabby eruptions, rhagades, nodes and exostoses, ophthalmy, sarcocoele, verrucæ, affections of the joints, ozæna, and caries.

When

When mercury has been given, but not in sufficient quantity to eradicate the disease, although it may have removed the symptoms for which it was prescribed, others come on at indeterminate periods afterwards, which, though not strictly marked as venereal, often depend on the action of the venereal virus not destroyed, but new modified by the incomplete effects of the specific, and some diseases in the system.

It is often extremely difficult to ascertain the nature of these; to do it requires the most accurate investigation, attention, and acute penetration, and they are extremely difficult to cure.

They appear in some of the following forms:

Ragged ulcerations of the tongue, with painful edges; fissures in different parts of it, or ridges all around its edges, resembling those in green pease when they become old, at times extremely sore and painful.

Erratic pains in different parts of the body.

Enlargement, inflammation, suppuration and ulceration of the glands of the skin.

Dysœcœa, anosmia, mollities ossium, paralysis, visceral obstructions, anaphrodisia, atrophia, and phthisis.

Having given this short history of the disease, I now proceed to the pathology and method of cure.

Primary symptoms, CHANCRE and BUBO.

The CHANCRE is generally first discovered by the patient being sensible of an itching in the glans penis, or prepuce, where he finds a small ulcer, with a slough of the colour of rusty bacon, and with hard edges, surrounded generally by a slight degree of inflammation.

In this state it often remains for a considerable time, but in consequence of local or general irritation, or its being suffered to continue long without a remedy, it becomes more inflamed, painful, and highly irritable, spreading and eroding the surface of the glans and prepuce, which becomes inflamed and thickened, and produces phymosis, or paraphymosis, or enlargement of some of the lymphatic glands of one or both groins.

Sometimes it is of a more virulent kind, is from the first extremely painful and irritable; and of a dark red or purple hue. The discharge is extremely acrimonious, it quickly erodes the parts, spreads, and produces the symptoms, mentioned as the consequence of the advanced state of the milder chancre, very soon.

DIAGNOSIS.

A chancre will be distinguished from other ulcers by the orange-coloured appearance of the slough in the former, when it is mild, and by the pain and rapid progress of the more virulent.

But the excoriation produced by the chancrous discharge may be confounded with other affections, and should therefore be carefully distinguished from them.

Some people are extremely subject to excoriations of the glans in hot weather, which may also be produced by violent and frequent coition, and scrofulous and scorbutic affections of the part.

The excoriation produced by the acrimony of the discharge from a chancre soon changes into ulceration,

tion, the discharge is of a greenish yellow, and more offensive, and if neglected it soon brings on inflammation and thickening of the prepuce, and phymosis.

The BUBO sometimes occurs as the first symptom of syphilis, without a preceding chancre.

In this case it is extremely difficult to ascertain whether it is a venereal affection, and the distinction is of the greatest consequence in practice. I have under these circumstances frequently detected its real nature by a diligent examination of the lymphatic vessels going from the penis to the groin, which has discovered one or more of them, thickened, hardened, and evidently affected, and whenever I have seen this, I have never been deceived; and I think I shall be warranted to say, that it will in general be found that an evident affection of the lymphatic vessels accompanies the bubo, occurring as a first symptom of lues without preceding chancre.

If there should be a doubt, it is the safest practice to wait till the swelling alters its state, as the alteration may point out its real nature.

THE CURE OF CHANCRE.

The kind of mercurial course to be prescribed for the cure of chancre is a subject of great dispute among practitioners.

There are, who contend that salivation is at no time necessary for the cure of syphilis, even in the worst cases, and that they will be safely and effectually cured by an alterative course of the specific.

Others

Others say that salivation must be induced in late and violent symptoms, not on an idea that the discharge by the salivary glands removes the disease, but as an unequivocal sign of a certain process being established in the system; considered essentially necessary to the radical destruction of the venereal virus, in this stage of the disease.

Between these two extremes, “in medio tutissimam ibimus.” In mild cases I certainly would not push the medicine so far as to affect the mouth greatly; in others I think I should be guilty of inert, bad practice, if I did not induce complete salivation; and in all I should chuse to produce some affection of the mouth, as affording in many instances the only certain sign of the mercury having entered the system.

Upon the whole, I would recommend, that in the mildest recent chancre the cure should be performed, by giving the mercury under confinement, till the mouth is affected, and till there is a foetor in the breath; as it will be completed in a much shorter time, with less of the mercury, and certainly with greater safety to the patient.

The mercury will be introduced best by friction. Begin with

R. Ung. hydrarg. fort. ʒss.

This the patient should rub in himself every morning, or every night and morning, and to do it properly will require half an hour. It should be increased to double or treble the quantity according to its effects, remembering that a slight affection

only of the mouth is intended to be produced. Eight drachms of the hydrargyrus will be sufficient in general to effect the complete cure; and about one third of what is contained in every portion of the ointment used at each friction may be supposed to fairly enter the system.

Different directions are given by different practitioners for the topical treatment of the chancres; some advising that they should be made to heal as soon as possible, and others, that no other application should be used than what is necessary to keep them clean, and defend them from irritation.

I should advise the healing of them as soon as possible, because while they remain it is probable that the absorption is every moment increasing the quantity of venereal matter in the system.

If they are not greatly irritable, they will generally be healed by touching them a few times with the argentum nitratum, and dressing them with ung. hydrargyr. If there is much irritability, a wash of calomel. levig. and water will be a proper application, using the dressing with the ung. hydrargyr. or the hydrarg. nitrat. rubr. may be applied mixed with any mild cerate.

The mercury must be continued for some days after the sore is perfectly cicatrized, and the hardness gone.

If this mild chancre, from neglect, general or local irritation, becomes irritable and inflamed, bleeding will be necessary, and opiates, and a mild poultice should be applied, and the following lotion:

R. Calomel.

- IX. Calomel. pp. et opt. levig. ʒij.
 Opii (in aq. paul. solut.) ʒj.
 Muc. gum. arab. ʒis.
 Decoct. hordei ʒviiss. m. f. lotio.

In the more irritable and more virulent chancre the mercury must be introduced in larger quantity, its effects upon the mouth must be carried to a greater extent, and the irritation and inflammation must be quieted by opiates, anodyne poultices, and the sedative lotion prescribed above.

In a phymosis or a paraphymosis the same general means are to be used, and sometimes an operation is necessary. On this head it becomes me to be silent, and I refer to the writings on surgery for farther information on that subject.

THE TREATMENT OF BUBO.

In its incipient state, when it proceeds from a chancre, and the induration and pain are but little, we should avoid any application to the chancre that may diminish the discharge. The mercury introduced into the system should be rubbed in on the thigh below the affected gland, and a cooling purge should be given every other day, and quiet should be enjoined, and the patient strictly confined to low diet. The quantity of mercury must be of course determined by the symptoms.

By these means the inflammation and suppuration of the bubo may frequently be prevented.

I have certainly found the hydrargyrus muriatus the best preparation in bubo; it may be given in either of the following forms, as each shall be found

to agree or answer best in different people and circumstances:

℞. Hydrarg. muriat. gr. ij.

Spir. vin. gallic.

Aq. puræ āā ℥iv. solve hydrargyrum primo in spiritu, dein adde aquam, m. capt. cochl. j. vel ij. bis in die in cyatho infusi radicis glycyrrhizæ.

Vel,

℞. Hydrarg. muriat. gr. iij.

Muc. gum. arab. ℥ij.

Aq. Cinnamomi ℥iv.

Syr. althææ ℥j. m. dos. cochl. j.—ij. bis in die.

When it becomes inflamed, and shews a tendency to suppuration, together with the use of the specific, emollient poultices must be applied to soften and thin the integuments, and when that is effected the matter may be discharged by a small opening, made either by a lancet, or rubbing the skin with the argentum nitratum, till a small eschar is produced, which must be immediately divided, that the matter may be discharged.

The dressings must be of the mildest kind, and every thing that can irritate the sore cautiously avoided; and as much of the skin preserved as possible.

If great irritability should be present, emollient anodyne poultices must be applied, and opium given internally, and absolute rest strictly enjoined.

If the sore is exquisitely sensible, having a ragged, painful, fiery margin, the irritability must be lessened by carrot poultices, by the application of a watery solution of opium, and its internal exhibition; and if this state has been brought on by too rapid and free an introduction of the mercury, we should desist from

from its farther use till it is removed, and then proceed to finish the cure by giving as much more of it as may be necessary.

Should troublesome fungusses arise, they will be best removed by the pulvis sabinæ, a concentrated solution of the cerussa acetata, or a weak one of the vitriolum cæruleum.

The decoctum sarsaparillæ, taken to the quantity of a quart in a day, or decoct. cinchonæ ʒij. ter quaterve in die, joined with the mercurial course, will be of service here.

OF THE SECONDARY SYMPTOMS.

Ulceration of the Tonsils.—This sometimes comes on long after the original infection, unaccompanied with any other venereal symptoms; but sometimes it takes place at an early period, and attended with eruptions. The ulcers at the first resemble aphthæ, but they soon change their appearance, and spread sometimes with great rapidity, and are often during the night very painful.

Ulcerations of the Skin take place in various parts of the surface of the body, or internal surface of the mouth, and tongue; they spread irregularly, they have hard edges, and the surrounding skin is generally preternaturally red; they are covered with sloughs frequently resembling hog's lard, and are sometimes most exquisitely tender.

Eruptions.—These appear on various parts of the body, but most frequently near the margin of the hair of the head, in the beard, and in the palms of the hands; they are generally of a copper hue:

sometimes they come out in the form of small pimples, soon degenerating into ulcers, but most generally in blotches.

Rhagades or *Fissures* generally occupy the palms of the hands, or soles of the feet; they have commonly the copper hue peculiar to venereal affections, and are usually accompanied with blotches.

Nodes.—These painful affections come on at different periods after infection, at the distance of many months, or even years: they attack those bones chiefly which are least covered with muscles, viz. the bones of the cranium, the tibiæ and fibulæ, the scapula, sternum, and sometimes the ribs: they generally come suddenly, and appear in small hard swellings of the part, which are extremely painful, especially during the night; and they often induce a caries of the bone very speedily, and

Exostoses, which are bony excrescences following long-continued nodous affections.

Ophthalmia.—In the venereal ophthalmia there is not in general much inflammation; the tunica conjunctiva is tinged of a deep red colour, and the transparency of the cornea is somewhat impaired. It is sometimes, though rarely, attended with a considerable degree of pain, and an intolerance of light.

Sarcocèle.—This is a hardness and enlargement of one or both testicles, or the epididymis, and it is seldom that the former are affected without the latter. It succeeds ill cured primary affections, and often remains long in an indolent state; when general or local irritation, or any other cause, changes it into

into an inflammatory state, it is attended with the most distressing pain.

Verrucæ.—These excrescences generally appear upon the glans penis, or prepuce, or verge of the anus: they are red, and sometimes dry: they are also, in some cases, very sensible and painful, and in others not.

Ozæna.—This is an ulceration of the internal surface of the nose, discharging a highly foetid matter, and is caused by an affection of some of the bones connected with it.

DIAGNOSIS.

The Ulceration of the Tonsils will be easily distinguished from the cynanche maligna by the absence of the leading symptoms of that disease. The preceding symptoms, and the progress of the disease, will distinguish it from a scrofulous affection; and the absence of the peculiar fœtor, and affection of the salivary glands in the fore throat, brought on by cold caught during a mercurial course, will mark it from this latter affection of the tonsils.

Venereal Ulcers in the Skin will be known from others by the appearance of the sloughs, by their irregular mode of spreading, and the redness in their circumference.

Eruptions and Rhagades will be known to be venereal in general by their copper hue and situation.

Nodes will be known by the peculiar kind of pain, which is extremely acute, by its being greatly increased during the night, and by the immobility of the tumour.

Ophthalmia.

Ophthalmia.—The venereal ophthalmia cannot easily be mistaken for any other than the scrofulous, and it may be distinguished from it by the want of fulness in the ciliary glands, and the absence of other scrofulous symptoms, and by a diligent inquiry into preceding circumstances.

Sarcocele will be readily distinguished from the hernia humoralis by its indolence, by the absence of inflammation in the beginning, and by its not being lately preceded by gonorrhœa virulenta. It will be difficult to establish the diagnosis between it and a scirrhus: it will be best ascertained by a diligent inquiry into antecedent circumstances, and a nice and careful observation of the effects of mercury upon it.

Ozæna.—When this acknowledges a venereal origin, it will generally be sufficiently marked by strong leading symptoms; and it is commonly attended with deep seated pains in the bones of the nose or palate.

Verruæ.—These will be known by their irregularity, number, situation, and quality, and by being almost always preceded by chancres.

CURE OF THE SECONDARY SYMPTOMS.

The cure of these can only be obtained by a mercurial course, so urged and increased that the mouth may be considerably affected, and it will certainly be most safely, expeditiously, and effectually performed under confinement. The specific may be introduced into the system in various forms, which are given below:

R. Hydrag.

℞. Hydrarg.

Mell. com. āā ʒj.

Micæ panis ʒj. tere hydrargyrum cum melle, donec ejus globuli evanescant, deinde adde micam panis, et cum syrupi sacchari quantitate sufficienti m. f. massa in pilulas trigintas dividenda dof. j.—iiij. bis in die,

Vel,

℞. Hydrargyr. ʒss.

Muc. gum. arab. ʒiv. probe simul terantur, donec globuli hydrargyri non appareant, dein adde

Aq. fontan. ʒxij.

— cinnam. ten.

Syr. althææ āā ʒij. dof. cochl. ij.—iv. bis in die,

Vel,

℞. Calomel. ppt. ʒij.

Camphor. ʒij.

Opīi gr. x.

Syr. q. f. m. f. pilul. No. xx. quarum capt. j.—ij. mane et vesperi quotidie.

Vel,

℞. Hydrargyr. ʒj.

Sacchar. alb. ʒij. probe simul terantur in mortareo vitreo, donec hydrargyri globuli evanescant. dof. gr. x.—xv. bis in die.

Vel,

℞. Hydrarg. calcinat. ʒi.

Opīi gr. x.

Conf. cynosb. q. f. m. f. pil. No. xx. capt. j.—ij. bis in die.

Vel,

℞. Pulv. mercur. ciner. P. E. ʒj.

Conf. cynosb. q. f. m. f. pilul. No. xx. capt. j.—ij. bis in die.

Or the mercury may be introduced by friction, as was advised in the cure of chancre. In case the hydrargyrum, introduced by friction, in the pills wherein

wherein it is divided by the honey, or in the mixture where gum arabic is used, does not produce decisive effects, it will be necessary to give some of the more active preparations of it which follow. It is usual to join opium to them, which is very proper, but in some constitutions so great is the irritability of the intestines that an opiate will also be necessary in the middle of the day.

It will be highly proper to continue the mercurial course for some weeks after the symptoms are removed.

This is the general method of curing the secondary symptoms of syphilis; but particular cases require also some topical treatment, which I now proceed to notice under their respective names, and first,

Ulcerations of the Tonsils.—When the ulcers are spreading rapidly, fumigations should be ordered with the hydrarg. sulphurat. rubr., or if the patient cannot bear this, from the irritability of his lungs, the following gargle may be used:

℞. Hydrarg. muriat. gr. iij.
 Decoct. cinchonæ ℥vij.
 Tinct. myrrh.
 Mell. rosæ āā ℥ss. m.

Or the mixture with the hydrargyrum, p. 267.

When eruptions ulcerate, some mild topical mercurial application will be proper, such as the ungt. hydrarg. or ungt. citrin. and cerat. epulotic. āā p. æ. and washing them with calomel and water, or the hydrarg. muriat. and aq. calc. f. This will be also proper for rhagades.

Nodes.—When these are exquisitely painful, they will, in some cases, be relieved by dividing the integuments,

teguments, and periosteum down to the bone; but in general they will yield to the specific, which, in this case, seems to be greatly assisted by the use of the sarsaparilla, and gum guaiacum, strong decoctions of which should be taken to the quantity of a quart in twenty-four hours; and the pain should certainly be quieted by opium given especially at bed time.

If the bone becomes carious it will fall properly under the surgeon's care.

Ophthalmia.—If there is inflammatory diathesis, general bleeding, as well as topical, will be necessary; if not, blood need only be drawn from the adjacent parts, by the application of leeches to the temples, or cupping between the shoulders, and blisters should be applied, and a purge or two ordered.

The eyes must be guarded from every irritation, from light and motion, and cooling topical applications applied. When the inflammatory symptoms are abated, the mercury should be used till the mouth is considerable affected, and continued till the cure is complete.

Sarcocèle.—In this case little advantage has been derived from topical applications; but full vomiting has in many instances promoted the resolution of the disease much sooner than the mercurial course would have done without it.

It may be repeated every day, or every other day for three times or oftener, according to the different symptoms and circumstances.

The scrotum should be suspended in a bag truss,
and

and quiet, and as much of a decumbent posture advised as possible.

Ozæna. Here the most decisive effects of the mercury are to be produced, and the sarsaparilla and guaiacum given with it will be highly advantageous. If it is combined with ulcerations of the palate and tonsils, the fumigation and gargle p. 268, must be used to the parts affected.

Verruæ.—These are to be destroyed by the application of the pulvis sabinæ, which, with the specific internally given, is generally efficacious. If it should fail, Mr. Plenck's aqua caustica pro condylomatibus may be used; it is prepared in the following manner:

℞. Alcohol.
Aceti aa ʒiss.
Hydrarg. muriat. ʒj.
Alum.
Camphor.
Ceruss. aa ʒss. m.

In some cases where the base is small, and the warts spread out at their surfaces, they will be most expeditiously removed by ligature.

ANOMALOUS SYMPTOMS.

These perplexing symptoms often come on long after the disappearance of such as were decidedly venereal, when the patient has thought himself cured of the disease; and they appear, as was said before, in a distressing variety of equivocal forms.

They may arise,

1. From a new modification of the disease, not eradicated, but checked by the mercury not having been

been given so as to produce the décisive effects mentioned before.

2. From the effects of the mercury merely, when it has been improperly used, or the patient has caught cold during the course.

3. From latent disease in the system, called into action by the stimulating effects of the mercury, or the venereal virus.

The diagnosis of these symptoms is extremely difficult; the following are the least equivocal.

Ragged ulcerations of the tongue, fissures, and the ridges mentioned p. 256.

Pains in parts particularly liable to the secondary symptoms, viz. the shins, sternum, &c.; pains on one side of the head, most violent in the night, followed by a puffiness of the scalp; pain in one of the mastoid processes, which is sometimes enlarged.

Large dry scabs about the head and neck.

Small circumscribed tumours of the scalp succeeding pains in the part.

Ulceration of the face, extending irregularly towards the angles of the mouth.

Ulceration of the internal surface of the cheek, and obstinate chops or fissures of the lips, or angles of the mouth; enlargement of the glands of the skin, frequently remaining long indolent, then suppurating, and changing into ulcers, with extremely sensible painful edges.

To form a judgment of the nature of the other symptoms, a most diligent and accurate inquiry into the history of the disease will be necessary, and it
can

can be ascertained, in many cases, by the introduction of the specific alone, which, in all these cases, must be urged, as far as can be done with safety, till the most decisive effects are produced; till salivation is fairly and fully induced by a gradually increased accumulation of it.

This treatment must be understood to apply to the cases proceeding from the first mentioned cause of the anomalous symptoms, p. 270; and it may be observed as a general rule in the cure of the secondary as well as anomalous symptoms, that the longer the period between the time of infection and the appearance of the disease, the more of the specific will be necessary to complete the cure.

Ulcers of the tonsils and other parts, and bubo after being opened, will sometimes not heal, notwithstanding the mercury has been properly exhibited, both in manner and quantity, and the venereal virus eradicated; they become phagædenic, with loose flabby edges, discharging a thin ichorous matter.

When this happens, it is generally owing to great debility, and accompanied with evident marks of it. Here the bark and tonics must be ordered, with country air, and a milk nourishing diet, and wine allowed.

The ulcerations of the tonsils should be washed with an astringent gargle, and the ulcers in other places should be sprinkled with zinc. calcinat. or the limatur. cupri. or hydrarg. præcip. rub.

Swellings of the glands of the neck, and pains in various parts of the body, which often occur in
consequence

consequence of cold taken during a mercurial course without confinement, are most certainly removed by a second, managed with care, under confinement.

Ulcerations and descœdations of the skin coming on after the lues, have often given way to the following medicines :

℞. Succ. nuc. jugland. recent. ℥iij. ter in die sumend.

Vel,

℞. Fol. dulcamar. ℥ij.

Aq. fontan. ℔ij. coque parum et cola. Dos. ℥iij. ter in die.

Vel,

℞. Cort. rad. mezereon ℥ij.

Aq. fontanæ ℔iij. coque ad colat. ℔ij. quotidie sumend.

The following are said to possess specific powers in syphilis, but they are not yet established by sufficient experience :

℞. Lobeliæ syphilitic. p. j. coque in aq. font. cong. iſs.

Of this the patient is to begin with a quart a day, gradually increasing it, till he cannot bear the purging it causes : he is then to discontinue it for a few days, and if any symptoms remain, he is to begin with it again, and to continue it till he finds himself well.

℞. Extract. gratiolæ dur. ʒj.

Sacch. alb.

Chel. cancer. ppt. āā ʒiſs. m. capt. gr. x. ter in die. Dosis sensim augenda est, donec ʒj. in die sumatur.

Vel,

℞. Astragali exscapi ʒſs. coque in aq. fontan. ℔iſs. ad colat. ℔j. mane et vespere quotidie tepidam sumendam.

T

This

This operates as a cathartic, diuretic, and diaphoretic.

The nitrous acid has been lately used with success.

General Rules recommended in the Exhibition of Mercury.

1. When given in the alterative way, and the patient is not confined within doors, he should guard himself as much as possible from cold.

2. Acids should not be used while mercury is taken by the mouth, as in general they produce violent griping.

3. With people whose constitution and idiosyncrasy we are unacquainted with, we should gradually augment the dose, and observe diligently its effects.

4. When we wish to induce salivation quickly, the quantity of the medicine must be rapidly augmented, and the patient kept warm, and external air excluded.

5. When it comes on quicker than we wish, the chamber must be made cooler, and a purge or two administered.

6. Salivation must not be suddenly stopped.

7. When there is great debility, indicated either by the general system, or the appearance of ulcers, the bark and nourishing diet must be given with the mercury.

8. The over violent or rapid effects of the mercury will be checked by

Flor. sulphur. ʒss.—ʒj. ter quaterve in die sumend.

9. In

9. In nodous affections, and most of the late symptoms, its effects will be greatly increased by giving with it the decoct. *farfap. guaiac.* or *rad. mezereon.*

10. Where it gripes much and runs off by stool, opium should be joined with it, and given by itself in the intervals between the time of taking it.

11. When given in the alterative way, it is frequently necessary to give different preparations of it, and in these cases we should always proceed from the least to the more active.

12. And I must conclude the subject, by repeating, that, in late symptoms, the most decisive effects of the specific, viz. *fair salivation*, gradually brought on by a gradual accumulation of it, will generally be necessary to produce a perfect cure.

CHAP. III.

GONORRHOEA VIRULENTA.

CHARACTER.

Post concubitum impurum, humoris puriformis cum dysuria ex urethra profluvium.

SYMPTOMS.

At different periods from the time of infection, the disease shews itself by an itching, or a sensation not unpleasing, along the course of the urethra, or at its orifice, which is found dilated, turgid, and preternaturally red, and it discharges a thin whitish mucus; this soon becomes thinner, and of a yellowish or greenish colour, while the orifice of the

urethra becomes more inflamed, and its edges recede more from each other. Soon after this, the inflammation of the parts spreading, and increasing, a dysuria, or scalding in making water, comes on, and a chordee, or violent pain in the penis, on erection, bending it downwards, which occurs most frequently in the night time.

In this state the inflammatory symptoms are at their acme, and it is now that an hernia humoralis, inflammation of the prostate gland, or the lymphatic glands of the groin sometimes take place, or a suppuration of the internal surface of the urethra; causing stricture, obstinate gleet, fistula in perinæo, &c.

If none of these untoward events happen, the inflammatory symptoms from this time gradually decline, the scalding and chordee go off, and the discharge again becomes mucous and ropy, and at length stops entirely.

DIAGNOSIS.

This will be distinguished from the other species of gonorrhœa by the dilatation and turgidity of the orifice of the urethra, by the dysuria, and (in general) by the nature and colour of the discharge, by the chordee, and disposition to metastasis.

CURE.

The curative indications are,

1. To remove or destroy the virus.
2. To prevent its effects on the urethra.
3. To allay the irritation and inflammation of the parts affected.
4. To

4. To relieve particular symptoms.

5. To restore the tone of the parts.

The first and second indications will be answered by

R. Zinc. vitriol. gr. v.

Aq. puræ ℥vj. m. f. injectio ter quaterve in die utend.

Vel,

R. Calomel. per horas 24 diligent. levig. ℥ij.

Aq. puræ ℥vij.

Opii (in aq. pur. ℥j. solut.) ℥j. m. f. injectio.

Vel,

R. Hydrarg. ℥ss.

Muc. gum. arab. ℥iij. probe simul terantur donec globuli hydrargyr. evanesc. dein adde

Aq. fontan. ℥xij. m. f. inject.

Vel,

R. Hydrarg. muriat. gr. iij.

Muc. gum. arab. ℥j.

Aq. fontan. ℥vij. m. f. injectio.

If there is much inflammation, and these are found to irritate the parts, warm oil, or mucilages of gum arabic, or linseed, or a solution of opium, may be used in their stead, till it is abated. In this state bleeding at the arm may be necessary, and certainly topical bleedings; and saturnine applications to the penis will be serviceable, and the irritability of the parts should be allayed by opium given internally: and emollient clysters, and laxatives, will here be of service, and the patient should drink plentifully of some tepid diluting liquor; and thus we execute the third intention.

The fourth indication is to relieve particular symptoms, among which the hernia humoralis is a

very frequent and painful one. If the inflammatory symptoms are high, and induce fever, bleeding in the arm will be necessary, as well as the application of leeches to the parts affected. Order full vomiting, and a repetition of it once or twice in twenty-four hours, or in proportion to the urgency of the symptoms; and laxative clysters, the warm bath, and opium. Apply emollient poultices to the penis, and saturnine applications to the scrotum, which must be suspended in a bag truss, and the patient should be kept in bed.

If an enlargement and inflammation of the lymphatic glands of the groin, or the prostate, supervene, the general treatment should be the same, varying the topical applications with the different situations, and in all these cases the penis should be enveloped in an emollient poultice.

The chordee will be most effectually relieved by opium, the ardor urinæ by mucilaginous tepid liquids, and high inflammation must be prevented or removed by low diet, quiet, securing the penis from the action of the air, and the general antiphlogistic regimen.

I omit the consequences of a suppuration of the internal surface of the urethra, as they will more properly fall within the province of the surgeon.

Our fifth intention is to restore the tone of the parts, the loss of which is the most frequent cause of the common mild gleet, the consequence of gonorrhœa.

When the dysuria, chordee, and other symptoms of inflammation, have subsided, the discharge becomes

comes again ropy, and mucous and white, or colourless; and when these circumstances take place, we may complete the cure by astringent injections.

℞. Alum. ʒj.

Aq. puræ ʒvj. m. f. injectio ter in die utenda.

Vel,

℞. Cupr. vitriol. ʒj.

Aq. rosar. ʒvij. m. f. injectio.

Vel,

℞. Zinc. vitriol. gr. xv.—ʒj.

Aq. rosar. ℥ss. m. f. injectio.

And the parts should be bathed with cold water twice a day, by a sponge and the bidet.

And some of the following may be given at the same time internally :

℞. Balf. capivi ʒj. capt. cochl. j. parv. bis terve in die paux. sach. alb.

Vel,

℞. Balf. canadens. ʒj. capt. cochl. j. parv. bis terve in die.

Vel,

℞. Tinct. benzoës comp. eodem modo sumend.

As mercury does infinite mischief in some constitutions, and as it is not yet ascertained that gonorrhœa and syphilis are the effects of the same sort of poison, I do not think it necessary to give it internally in this disease.

CHAP. IV.

SCORBUTUS, *or* SCURVY.

CHARACTER.

In regione frigida post victum putrescentem, ex animalibus confectum, deficiente simul materia vegetabili recente ; asthenia ; stomacace ; in cute maculæ diversicolores, plerumque livescences, præsertim ad pilorum radices.

SYMPTOMS.

The scurvy chiefly affects sailors, and people shut up in besieged places, and deprived of fresh provisions, and a due quantity of acescent food.

The gums become spongy, the breath extremely foetid, the legs swell, and have large broad livid spots upon various parts of them, and sometimes ulcers, the tendons (of the hams especially) become rigid, and sometimes the joints are almost immovable from that cause. The patient complains of universal pain, great debility, prostration of strength, and disinclination to any kind of motion ; vibices appear in different parts of the body, and in the advanced stage of the disease the blood flows from the nose, mouth, anus, urinary passages, and (in some desperate cases) from the pores of the skin.

REMOTE CAUSES.

Cold, moisture, want of proper exercise, neglect of cleanliness, salt meat, and want of acescent food.

PROXIMATE

PROXIMATE CAUSE.

Supposed to be a preternatural saline state of the blood.

CURE.

The chief of the remote causes of this disease, viz. the effect of salt provisions, and a want of fresh meat and vegetables, must be counteracted as much as possible, by supplying ships and garrisons with four krout, concentrated vegetable and mineral acids. The greatest regard must be paid to cleanliness; exercise must be insisted on; damp and impure air must be corrected by fires and ventilators, and all the water should be strongly impregnated with mephitic air.

The disease will be certainly cured by fresh vegetables and animal food, and the juice of oranges, lemons, and other subacid fruits, when they can be procured; and the balneum terræ is much recommended. When the subacid fruits cannot be obtained, the patient may take from one to four ounces of succi ad scorbutos two or three times a day.

Oxygen introduced into the system by any means will be proper.

The bark with acids will be very proper. The spunginess of the gums must be removed by the use of astringent gargles, with as much of the acidum muriaticum as the patient can bear, and the stiffness of the joints and limbs relieved by warm fomentations, and the linimentum ammoniæ. Lemon juice produces the best effects upon scorbutic ulcers. The sorrel poultice is an excellent application.

CHAP. V.

ELEPHANTIASIS, *or* LEPROSY *of the*
ARABIANS.

CHARACTER.

Morbus contagiosus ; cutis crassa, rugosa, aspera, unctuosa, pilis destituta ; in extremis artubus anæsthesia ; facies tuberibus deformis ; vox rauca et nasalis.

SYMPTOMS.

This disease comes on with an eruption of tubercles, at first red, and occupying various parts of the body ; they are attended with great itching, and often remain in an indolent state (varying in colour) for some months, when they suppurate and discharge a foetid ichor. In time the features of the face become greatly enlarged, especially above the eyebrows, the hairs of which, and the beard fall off ; the alæ of the nose swell and become scabby, the nostrils are ulcerated, and the cartilages and septum nasi are frequently eroded and destroyed by the acrimony of the discharge. The voice becomes hoarse, and the pronunciation nasal ; the lobes of the ears are greatly thickened and affected with tubercles ; the nails grow rough like the bark of a tree, and, as the disease advances, sometimes dry scabs are produced upon the fingers and toes, and sometimes ulcers, which erode the neighbouring parts, while at length they become a putrid mass, and separate joint after joint.

The

The legs lose their shape, and become indurated, and swelled to an enormous size, with their surfaces covered with very thin scales of a whitish colour, much finer but not so white as those in the lepra Græcorum; they are overspread with uneven lumps and deep fissures or rhagades. Sometimes the tumours ulcerate, and sometimes the limb is covered with a thick, moist, scabby crust. The skin has a very shining appearance, the feeling is much blunted, the breath extremely offensive, and the pulse weak and slow.

CURE.

This disease has generally been found incurable. The warm bath should be ordered; if the patient is plethoric and inflammatory symptoms are present, bleeding and cooling laxatives, such as chrysol. tart. with a light diet, should be advised. When this state is removed, some advantage has been thought to have been derived from the cinchona. Issues are advised, and the following embrocation:

℞. Spt. vin. ten. ℥viii.
Aq. kali ℥j.
Aquæ ammoniac ℥ij. m. f. embrocatur.

The following may be tried:

℞. Calomel. ppt.
Sulph. antimon. præcipit. āā ℥j. mic. panis q. s. m. f.
pill. No. x. capt. j. vel ij. mane et vespere quotidie.

Vipers have been lately again introduced into practice, and have been thought to do service in this disease.

Query.

* Query. Might not the arsenicum, mezereon, or lobelia syphilitica, be tried in this disease, with some hopes of advantage ?

CHAP. VI.

LEPRA GRÆCORUM, or LEPROSY of the GREEKS.

CHARACTER.

Cutis escharis albis, furfuraceis, rimosis, aspera, aliquando subtus humida, pruriginosa.

The cure of this disease must be attempted by the frequent use of the warm bath, a light diet, issues, gentle exercise, and the medicines recommended for the cure of elephantiasis.

* Since this book went to the press I have seen, in the New Medical Journal, published the 1st of July, the white arsenic recommended as a cure for the elephantiasis in an extract from the Asiatic Researches. It is given in the following manner:

“ Take of white arsenic, fine and fresh, one part ; of picked
“ black pepper, six parts.

“ Let both be beaten well, at intervals, for four days successive-
“ ly in an iron mortar, and then reduced to an impalpable
“ powder in one of stone, with a stone pestle, and thus com-
“ pletely levigated, a little water being mixed with them, make
“ pills of them as large as tares or small pulse, and keep them
“ dry in a shady place.

“ One of these pills must be taken morning and evening, with
“ some betel leaf, or, in countries where the betel is not to be
“ had, with cold water ; if the body be cleansed from foulness
“ and obstructions by gentle cathartics and bleeding, before the
“ medicine is administered, the remedy will be speedier.”

CHAP. VII.

ICTERUS, *or* JAUNDICE.

CHARACTER.

Flavedo cutis et oculorum; fæces albidæ; urina obscure rubra, immissa colore luteo tingens.

SYMPTOMS.

Yellowness of the skin, and tunica adnata of the eyes, differing in degree from yellow to orange, and almost black. The fæces are whitish, resembling pipe clay, and the urine is of a deep orange colour, tinging white linen dipped into it with the same; it is generally accompanied with a pain and sense of weight in the epigastrium, with nausea, anorexia, sickness, and vomiting, and an itching in the skin. There is great costiveness, and when the pain in the epigastrium is great, the pulse is often quick, hard, and full, and pyrexia attends.

REMOTE CAUSES.

1. Interruption of the passage of the bile, through the ductus communis choledocus into the duodenum, by

Biliary concretions formed in the gall bladder, and falling down into the duct, and there remaining.

Spasmodic constrictions of the duct.

Tumours in the adjacent parts pressing upon it, especially a morbid enlargement of the pancreas, and

and totally preventing the passage of the bile through it into the duodenum. This unfortunate case of jaundice must necessarily prove fatal.

2. Retention^d of the bile in the intestines.

PROXIMATE CAUSE.

Absorption of the bile into the vascular system.

CURE

Must be attempted by, first, restoring the interrupted passage of the bile through the duct: secondly, expelling it from the intestines; and, thirdly, relieving the particular symptoms.

Whether the passage of the bile is stopped by biliary concretions, or spasmodic constriction of the ductus communis, the same means are to be employed.

If the patient is plethoric, we begin by blood-letting: he should then be put into a warm bath, in which vomiting may be excited with advantage; or the cold bath may be used, in which the patient should continue as long as he can conveniently bear, and, used in this manner, it proves highly relaxant and antispasmodic:

Opiates (or perhaps in this case the hyosciamus) should be given every four or six hours, and emollient laxative clysters, and warm diluting liquids by the mouth; and bladders filled with warm water, should be constantly applied to the epigastric region, or a blister may be laid upon that part.

When jaundice is caused merely by a retention and accumulation of the intestines, it will be speedily and easily removed by purgatives.

The

The most distressing symptoms are, in general, the pain and weight in the epigastrium, the sickness, and costiveness.

The two former will generally be relieved by the bleeding, warm bath, fomentations of the part, or blistering it, and opiates.

The following will sometimes remove the sickness immediately :

℞. Magnes. alb. ʒij.
 Aq. menth. sativæ ʒvij.
 Tinct. castorei
 Syr. papav. alb. āā ʒij.
 Tinct. opii gr̄ts. xl. m. f. mist. capt. cochl. iij. vel. iv.
 urgenti nausea.

Six yolks of eggs taken daily for some time have often cured the jaundice, when other means have failed.

Costiveness must be removed, for which the following will be proper medicines :

℞. Ol. ricin. (in vitel. ov. sub.)
 Aq. menth. sativ. āā ʒj. m. f. haust. semel vel bis die
 sumend.
 Vel,

℞. Aloes socotorin. opt.
 Sapon. Venet.
 Kali præp. āā ʒj.
 Syr. q. f. m. f. pilul. No. xxxvj. capt. iij.—iv. bis
 terve in die.

If the disease arises from tumours in diseased viscera compressing the ductus communis, the cure must be attempted by their removal, which will be very difficult.

The method of treatment, proper for diseased viscera, will be understood from what has been already said on that subject in another place.

CLASS

CLASS IV.

Locales. Local Diseases.

CHARACTER.

PARTIS, non totius corporis, affectio.

BOOK I.

CHAP. I.

AMAUROSIS, or GUTTA SERENA.

CHARACTER.

Visus imminutus; vel prorsus abolitus, sine vitio oculi evidente; plerumque cum pupilla dilata et immobili.

SYMPTOMS.

This disease is a diminution or total loss of sight, in which the pupil is dilated and immoveable; it is attended sometimes with a pain in the head, but without any other of the symptoms of hydrocephalus internus.

REMOTE CAUSES.

Compression of the brain, either from congestion or mechanical pressure; atony, or paralysis of the optic nerves.

PROXIMATE

PROXIMATE CAUSE.

Insensibility of the retina.

DIAGNOSIS.

Will be understood from the diagnosis in hydrocephalus, p. 243.

CURE.

When this disease proceeds from congestion, or mechanical compression of the brain, these must be removed by the means recommended in those cases. When from atony, or paralysis of the optic nerves, which are the most frequent causes, electricity has been the most efficacious remedy, giving at the same time some of the medicines recommended in the cure of paralysis.

Sparks must be taken from the eyes, and shocks sent through the head, from the inferior and superior parts of the orbits to the occiput, three times a week.

Vision may be impaired in many other ways. Things will differ in form and colour from what they really are, or will be imperfectly seen, by persons whose eyes have no visible defect.

These cases, as depending in general upon diminished energy of the optic nerves, will be most probably relieved by electricity and stimulants.

The cataract, as only admitting of a cure by a surgical operation, need not be further noticed in this place.

The transparent cornea is often rendered more or less opaque by preceding inflammation, and is affected with specks or cloudy spots; the whiter they

U

are

are the more difficult will be their removal; the disease is called caligo, leucoma, or albugo.

Sir Hans Sloane's liniment is, I believe, the best remedy yet known for them, but it must not be used while any degree of inflammation is present; it is prepared as follows:

℞. Tutt. ppt. ʒss.

Lap. hemat. ppt. ʒj.

Aloes socotorin. levig. gr. vj.

Margaritt. ppt. gr. ij.

Levig. optime simul; et cum q. s. adipis suillæ, m. f. linimentum.

This is to be applied to the part affected with a camel's hair pencil, two or three times a day.

CHAP. II.

DYSECOEA, or DEAFNESS.

CHARACTER.

Auditus imminutus vel abolitus.

It must be unnecessary to describe the symptoms.

CAUSES.

A defect of the organ of hearing.

An obstruction or total interruption to the passage of the air, by hardened accumulated wax.

Inflammation of the membrane of the ear.

Affection of the Eustachian tubes.

Atony, or debility of some parts of the organ, or atony, debility, or paralysis of the auditory nerves; syphilis.

CURE.

CURE.

Deafness, arising from organic defect or imperfection, must, in general, be incurable.

If it proceeds from hardened wax, it must be softened by frequent injections of warm water and soap, and extracted by proper instruments.

If from inflammation, the external air must be excluded by cotton introduced into the ear, impregnated with some cooling sedative; by topical bleeding, and the general means proper for reducing inflammation.

If it arises from an affection of the Eustachian tubes, it will, in general, have been preceded by taking cold; on making a strong effort to expire, and at the same time retaining the breath by stopping the mouth and nostrils, no pressure is felt on the tympani of both ears. The sound of the person's own voice will appear different from what it is used to do, and also from that of another person. The patient is always sensible of various noises as if in his ears. He will hear in a carriage, or in a considerable noise, better than in other places more quiet; and when one tube is obstructed, the hearing will be more impaired than when the external passage of only one ear is stopped.

When it is rendered probable, from a consideration of the preceding circumstances, that it arises from this cause, the cure is to be attempted by gaping, yawning, gargling, syringing the ears, bawling or speaking loud, sneezing, and vomiting, and forcing the air into the tubes, by violent efforts of ex-

piration, at the same time stopping the mouth and nostrils; and if one effort does not succeed, many should be made. Where the deafness is of long continuance, blistering behind the ears will assist the cure.

If it proceeds from a debility of some parts of the organ, warm stimulating applications will be the most probable means of removing it, and none exceeds the following, recommended by Bergiùs:

“*Lanam bombycinam cum succo allii fativi imbue, et illam in aurem intrude, vicis repetitis per diem unicum. Meatus inde rubet, dolet, atque sensibilis fit, per diem unum alterumque; tunc prurit, tandemque desquamatur, redeunte auditu.*”

If it is caused by atony or paralysis of the auditory nerve, the ear must be electrified, and paralytic remedies ordered; and if by syphilis, the only resource is mercury.

C H A P. III.

ANOSMIA.

CHARACTER.

Olfactus imminutus vel abólitus.

The sense of smelling may be impaired by various affections of the internal nasal membrane.

As a symptom attending catarrh, it will be removed by the cure of the disease.

If it proceeds from a polypus, it will be cured by its removal, of which I do not treat here.

If it is owing to syphilis, mercurials must be given. If to an affection of the olfactory nerves, electricity and paralytic medicines must be ordered.

BOOK II.

DYSOREXIA.

CHARACTER.

APPETITUS erronei vel deficientes.

SECT. I.

APPETITUS ERRONEI.

CHAP. I.

LYMPHOMANIA, *vel* FUROR UTERINUS.

CHARACTER.

In *scæminis* effræne veneris desiderium.

SYMPTOMS.

This shocking disease chiefly attacks young women. It comes on with melancholy, attended with frequent sighing, and lascivious rolling of the eyes: immoderate desire of coition, accompanied with libidinous gestures and expressions, and flushes of the face.

CAUSES.

Acrid matter stimulating the parts of generation, or an inflammation of them.

CURE.

If it proceeds from the first mentioned cause, the acrid matter must be sheathed by demulcents, and mucilaginous medicines, taken by the mouth, and injected into the vagina; by absorbents and opiates.

If it arises from inflammation, bleeding will be necessary, with laxatives, and the whole of the antiphlogistic regimen; camphire should be given in large doses, and presenting disgusting objects to the patient may be of use.

C H A P. II.

BULIMIA.

CHARACTER.

Appetitus esculentorum majori copia quam quæ digeri possit.

An enormous or voracious appetite for food may proceed from an acid in the stomach, or too great a sensibility, or some peculiar affection of its nervous coat.

The former must be corrected by alkalies, and the latter by demulcents, oils, fat meats, and opiates.

S E C T. II.

APPETITUS DEFICIENTES.

CHAP. I.

ANOREXIA.

CHARACTER.

Appetitus esculentorum deficiens.

A want of appetite, or loathing of food, is generally a symptomatic affection of the stomach, accompanying fever, dyspepsia, &c.

The means of cure must be established upon the consideration of the various causes.

CHAP. II.

ANAPHRODISIA.

CHARACTER.

Libidinis defectus, vel veneris impotentia.

CAUSES.

Great debility of the system from preceding disease, large evacuations, or a want of proper nourishing food.

Excess of venery.

Masturbation; disease; or weakness in the organs of generation.

CURE.

The remote causes depending upon the will, must be carefully avoided, and the system must be strengthened by tonics, nourishing food, especially oysters, jellies, good malt liquor, and cold sea bathing.

If it proceeds from diseases in the parts of generation, they must necessarily be removed by the means pointed out as proper for them; by general and topical bathing, and tonics, &c. as mentioned above. The tinct. cantharid. will have great power in this case.

BOOK III.

APOCENOSES.

CHARACTER.

FLUXUS, sine sanguis sine humores alii, solito uberius profluens, sine pyrexia impetive fluidorum aucto.

CHAP. I.

EPHIDROSIS.

CHARACTER.

Sudoris præter naturam evacuatio.

This is most commonly a symptomatic affection; sometimes, however, it occurs as an idiopathic disease without pyrexia.

THE

THE CAUSE in this case is weakness and debility, with a preternatural determination of the fluids to the surface of the body, and

THE CURE will be effected by strengthening the system, by means pointed out in another place, and taking off the determination to the surface by laxatives and diuretics, and covering the body lightly with apparel and bed clothes.

CHAP. II.

E N E U R E S I S.

CHARACTER.

Urinæ e vesica fluxus involuntarius non dolens.

CAUSES.

Relaxation, or paralytic affection of the sphincter of the bladder, irritation or compression of the bladder; the latter period of gestation.

CURE.

If it proceeds from the first mentioned cause, bathing the perinæum with cold water, and blistering it, will be proper, ordering at the same time tonic medicines.

℞. Cort. simaroub. ʒj.

Aq. fontan.

Vin. lusitan. āā ℥j.

Coque ad colat. ℥j. adde

Tinct. cardam. ʒss. m. capt. cochl iij.—iv. ter in die.

Vel,

℞. Pulv. uvæ ursi ʒj.—ʒss. ter in die sumend. in quovis vehiculo.

If it is owing to a paralysis of the sphincter, blisters must be applied to the perinæum, and electricity, giving at the same time paralytic stimulating medicines.

If it is caused by irritation of the bladder, the cause of that must be detected and removed by proper means.

When it arises from the pressure of the gravid uterus during gestation, an horizontal position will afford the most relief.

CHAP. III.

GONORRHOEA DORMIENTIUM.

CHARACTER.

In qua, liquor seminalis cum erectione et libidine in dormientibus, ex somno libidinoso ejicitur.

CAUSES.

General debility, weakness of the seminal organs, excess of venery, and masturbation.

CURE.

The patient must cautiously abstain from the remote causes depending upon his will. The parts must be invigorated by topical bathing and blisters; and the general system by bathing and tonics, and nourishing food. He should rise early, and not indulge in bed in a morning, and securing the penis by ligature, so that an erection cannot take place, has a good effect, as he will generally be awaked in the beginning of it by the pain and uneasiness occasioned

sioned by the bandage, and emission prevented. The following will be serviceable :

- ℞. Gum. oliban.
 Pulv. cinchonæ.
 — rhab. āā ʒj.
 Bals. canadens q. s. m. f. pill. No. xxxvj. quarum capt.
 iv. bis in die cum haustu. sequent.
 ℞. Decoct cort. simaroub. ʒij.
 Elix. vitriol. gtt. xv. m. f. haustu.
-

B O O K IV.

E P I S C H E S E S.

CHARACTER.

EXCERNENDORUM suppressiones.

CHAP. I.

O B S T I P A T I O.

CHARACTER.

Dejectio fæcum nulla, vel solito rarior.

Costiveness is almost always a symptomatic affection, and is always to be prevented.

If it is idiopathic, laxatives must be occasionally used, and such are to be preferred as are the least stimulant.

CHAP. II.

ISCHURIA.

CHARACTER.

Urinæ suppressio absoluta.

An entire suppression of urine, or ischuria, may depend upon four different causes, according to which it is differently named.

If it proceeds from an affection of the kidneys, it is called Ischuria Renalis.

Of the ureters, Ureterica.

Of the bladder, Vesicalis.

Of the urethra, Urethralis.

I, *Of the* ISCHURIA RENALIS.

CHARACTER.

Ischuria prægresso renum morbo, cum dolore vel molesto gravitatis sensu in regione renum, et sine hypogastrii tumore, vel ad mingendum stimulo.

SYMPTOMS.

Suppression of urine, without a desire of making water, attended with sometimes an acute, and sometimes an obtuse pain, and sense of weight in the region of the kidneys; nausea, and sometimes vomiting, numbness of the thigh of the affected side, and without any tumefaction of the hypogastrium.

CAUSES.

CAUSES.

Nephritis, calculi, grumous blood or matter in the pelvis of the kidneys, spasm, and paralysis of the kidneys.

CURE.

If it arises from nephritis, it must be treated in the manner recommended in that disease; if from calculi, the same means will be necessary, according to the degree of inflammation excited by them; to which may be added the frequent use of the warm bath, opiates, warm laxative anodyne clysters, and antispasmodic embrocations of the lumbar region. If from spasm, the diligent use of the last-mentioned remedies; and if from grumous blood or matter, their evacuation must be promoted by the warm bath, warm clysters, opiates, and warm diluting liquids. If it proceeds from a paralytic affection of the kidneys, that region must be blistered and electrified, and paralytic medicines ordered.

2. ISCHURIA URETERICA.

CHARACTER.

Ischuria prægresso renum morbo, cum doloris vel molestiæ sensu in quadam ureteris parte, et sine hypogastrii tumore, vel ad mingendum stimulo.

The symptoms in this are much the same as in the former, and there is generally a pain in some part of the course of the ureters. It may arise from the same affections of the ureters as of the kidneys,

kidnies, and will of course require the same general treatment.

3. ISCHURIA VESICALIS.

CHARACTER.

Ischuria cum tumore hypogastrii; dolore ad cervicem vesicæ, et frequenti ad mingendum stimulo.

SYMPTOMS.

A suppression of urine, with a circumscribed tumour above the pubes; a heavy or acute pain about the neck of the bladder, and a frequent desire of making water, with a sense of pain and distension in the hypogastrium.

CAUSES.

Inflammation of the bladder, or its neck, or sphincter; thickening of its coat, neck, or sphincter; stone in the bladder; spasm of the sphincter, or paralysis of the bladder; too great distension of it; grumous blood, matter or mucus about its neck; ectopia of the bladder, pressure of it from the gravid uterus, hardened fæces, flatus, hæmorrhoids, or abscess in the rectum.

CURE.

If cystitis is the cause, the general means recommended for its cure must be employed. The patient must be put into the warm bath, and remain there as long as he can conveniently bear it; anodyne laxative clysters must be frequently injected warm: the hypogastrium must be embrocated with
the

the following liniment, which will often produce a discharge of urine immediately :

R. Camphor. ʒij.

Ol. olivar. opt. ʒj. m.

Rub the spine and sacrum with sp. terebinth.

If none of these methods succeed, order an emetic, which will often produce a discharge, when every thing else has been tried in vain.

If this fails, it must be drawn off by the catheter ; and if a discharge cannot be obtained by any of these means, and the patient is in immediate danger, the bladder must be punctured above the ossa pubis, or through the rectum ; for the method of performing which I refer to the writings on surgery.

If it proceeds from a thickening of the neck, sphincter, or coats of the bladder, the diseased state of the parts must be removed by means adapted to the cause, which will be understood from what has been said on the subject in another place.

If from a stone in the bladder, its dissolution must be attempted by lithontriptics, or its extraction effected by the operation of lithotomy. Here the patient will generally be enabled to pass his urine by placing himself in an horizontal position.

If from a spasm of the sphincter, bleeding will be adviseable, with the free use of opiates, the warm bath, and warm anodyne relaxing clysters, and the liniment above, applied to the hypogastrium, will be particularly serviceable.

If from a paralysis of the bladder, paralytic medicines, electricity, and blistering of the pubes, will be the proper remedies.

If

If from over distension from long retention, cold substances should be applied to the hypogastrium, and after the urine is evacuated, the tone of the bladder must be restored; and for this purpose an injection of cold water into the bladder will have the best effects.

If from grumous blood, matter, or mucus above the neck of the bladder, its discharge must be promoted by the warm bath, clysters, warm injections, and diluent drinks.

If from hardened fæces in the rectum; their discharge must be effected by oily emollient clysters and laxatives; wind must be expelled by carminatives and antispasmodics; and if an abscess in the rectum is the cause, its suppuration and rupture must be promoted by warm emollient injections, and mechanical means. When it proceeds from the pressure of the gravid uterus, the urine must be drawn off by the catheter pro re nata, till delivery removes the complaint.

In all these cases of ischuria, except that arising from the pressure of the gravid uterus, the warm bath, opium, and the other means are to be tried before recourse is had to the catheter; and if by its use no evacuation can be procured, and the patient is in imminent danger, then the bladder must be punctured; for the water must be occasionally evacuated by some of these methods, till the cause of the disease is removed.

4. ISCHURIA URETHRALIS.

CHARACTER.

Ischuria cum tumore hypogastrii, frequenti ad mingendum stimulo, et dolore in aliqua parte urethræ.

SYMPTOMS.

Suppression of urine, with a circumscribed tumour above the pubes; a frequent desire of making water, pain and distension of the hypogastrium, and generally a pain in some part of the urethra.

REMOTE CAUSES.

A tumour in the perinæum, a stone in the urethra, or grumous blood, matter, or mucus; inflammation of the urethra, or a coalescence of some part of it, the consequence of inflammation or ulcers; caruncles, phymosis, inflammation, scirrhus, or a thickened state of the prostate gland.

CURE.

The intentions of cure will be fulfilled by removing the remote causes, and evacuating the urine by art till that is effected.

A tumour in the perinæum must be cured by means adapted to its cause.

A stone in the urethra may be discharged by relaxing the passage by the semicupium, emollient fomentations, and injections; opiates; diluent, demulcent, mucilaginous liquids, drank plentifully; by extracting it, either by the orifice of the urethra,

X

or,

or, if that cannot be effected, by cutting down upon it.

Grumous blood, matter, or mucus, must be evacuated by the same means, except the operation.

Inflammation of the urethra, by proper general, and topical means. A coalescence of the urethra will require a surgical operation, for the method of performing which I refer to the surgical writings. Caruncles must be destroyed by proper medicated bougies. Phymosis must be removed by proper remedies. Inflammation and thickening of the prostate gland must be cured by means suited to their cause, and the urine must be evacuated by proper methods *pro re nata*.

CHAP. III.

DYSURIA.

CHARACTER.

Dolorifica et quodammodo impedita urinæ emissio.

SYMPTOMS.

Dysuria or strangury is a pain and difficulty in making water, and is generally a symptomatic affection.

REMOTE CAUSES.

Gonorrhœa virulenta; the external or internal use of cantharides; inflammation, or erosion of the mucous membrane of the urethra; deficiency of mucus;

cus;

cus; calculi; catarrhus vesicæ; caruncles; ulceration of the urethra.

CURE.

As an attendant on gonorrhœa, means for its relief have already been pointed out. When it proceeds from cantharides, camphor, with diluent, mucilaginous liquors, will be proper. Inflammation of the urethra must be removed by the general and topical means mentioned p. 277. Erosions of the urethra, caruncles, and calculi, must be removed by the proper means, and the urethra must be defended by mucilaginous drinks and injections till they are cured.

CHAP. IV.

AMENORRHOEA.

CHARACTER.

Menses tempore, quo fluere solent, vel solito parciore, vel non omnino fluentes, citra graviditatem.

The amenorrhœa or interruption of the menstrual discharge, is of two kinds; the first, when there has been no appearance of them after the usual age at which they generally flow, independent of conception, is called *emansio mensium*, or retention; and the second, when, after they shall have flowed regularly for some time, they cease to return at the usual periods, is called suppression.

The menses appear in different women at different ages, from fourteen, or sometimes earlier,

to sixteen. When diseases arise between these two periods, such as we know are the consequence of a retention, we may reasonably impute them to that cause. They are generally accompanied with some or all of the following

SYMPTOMS.

Debility, lassitude, and heaviness; anorexia, or sometimes a preternatural appetite, or pica; hysteric and dyspeptic symptoms; paleness, greenish, or yellowish hue in the face; swelling in the lower extremities towards night; pain in the back and loins; head ache; quick and laborious breathing upon any exertion; hæmoptysis, palpitations of the heart, and fainting.

CAUSES OF RETENTION.

Weakened action of the uterine vessels from laxity and debility of the system.

CURE.

The curative indications are,

1. To restore the tone of the system.
2. To excite the action of the uterine vessels.

The tone of the system must be restored by cold bathing in the beginning of the disease; by exercise, and tonic medicines, especially chalybeates, which will be rendered more efficacious by being joined with aromatic stimulating medicines. The following will be proper:

℞. Gum. myrrh. ʒij.

Ferri vitriol. ʒss.

Pulv. aromat. ʒj.

Syr. f. q. f. m. f. pilul. No. xxiv. capt. ij. bis terve
in die cum haustu sequenti.

℞. Tinct.

℞. Tinct. cort. Angust. ʒiss.
 Aq. menth. sat. ʒiss.
 Pulv. rhab. grs. iij. m. f. haust.

The action of the uterine vessels may be excited by stimulating purgatives, by walking exercise, frictions, warm bathing the lower extremities, by pressure of the iliac arteries, and certain medicines, among which the rad. rub. tinct. is pre-eminent.

℞. Pulv. rad. rub. tinct. ʒss.
 Aq. menth. sat. ʒiss.
 Tinct. aromat. ʒj. m. f. haust. ter quaterve in die sumend.

The quantity of the rub. tinct. may be gradually augmented to a drachm in each dose.

The Suppression of the Menses—Is generally accompanied with the following

SYMPTOMS.

Pains in the back and loins, dyspeptic and hysteric affections, hæmorrhages from the nose, lungs, stomach, or other parts; head ache, pains in the abdomen, and costiveness.

CAUSES.

Cold, or fear, inducing a stricture of the extreme uterine vessels, or debility of the system, causing a weakened action of them.

CURE.

The stricture of the extreme vessels of the uterus must be removed by the warm bath, or warm fomentations applied to the region of the uterus, and warm emollient clysters, or if that fails, by exciting their action, by the means prescribed above in the preceding page.

In these cases, where there is not great debility, the effects of the plethora produced by the suppression, are to be removed by bleeding, and laxative medicines.

And in cases of suppression, it must be observed that the local means to solicit the return of the menses, must be used as near the usual periods of their former discharge as possible.

CHAP. V.

CANCER.

CHARACTER.

Tumor scirrhoudeus, dolens, in ulcus mali moris abiens.

SYMPTOMS.

This disease is an unequal hard tumour in some glandular part of the body, sometimes fixed, and sometimes moveable, attended with lancinating pains, and varicose swellings of the veins in and about the parts affected. While it remains in this state, it has been generally called by authors occult; and when suppuration has taken place, and the cancer discharges, they have named it the open cancer. It often remains long in the occult state; and when it suppurates and breaks, it degenerates into an ulcer of the worst kind, with ragged and extremely painful edges, discharging a most foetid, acrimonious matter; which it is frequently in so great a degree as to destroy the neighbouring integuments, and to be intolerably offensive.

CURE.

CURE.

For this dreadful disease no certain internal remedy is yet known. The patient must pay the strictest attention to his mode of living, and carefully avoid every irregularity. A light diet must be used; abstinence from wine, spirits, and whatever will irritate the constitution, must be strictly enjoined; the parts must be defended from pressure and friction, and the air. The cicuta has long been tried, but without *much* success; and the arsenicum has been given, and it is thought, has produced some good effects; but it affects the lungs in general so much; that few constitutions can bear its use either in sufficient quantity, or for a length of time necessary to produce any considerable or permanent benefit.

The frequent application of leeches to the part is recommended.

The best practice in the first stage, in the present ignorance of an effectual internal remedy, is, extirpation with the knife, when the cancer is moveable and not attached to any bony parts, and when its local situation does not render the operation improper.

When the cancer has broke, we are to correct the discharge, to defend the adjacent parts from its effects, and to quiet the pain and lessen the irritability of the sore.

The first intention may be answered by carrot poultices, by sprinkling the ulcer with calcined zinc, or (as it appears from some recent experiments of the ingenious Dr. Crawford) by washing it with the

dephlogisticated muriatic acid, diluted with three times its weight of water, or more, according to the irritability of the sore, and the smarting it occasions; for it should be diluted till its application causes very little pain.

The second indication will be effected by dressing with sponge, and mild cerates prepared either with zinc. calc. or lap. calamin.; and the third, by washing the sore with a watery solution of opium, or the application of cataplasms of the cicuta, giving opium at the same time internally.

Carbonic acid gas applied by means of a bladder is said to produce the best effects,

Queries. Might not some good effects be expected from giving the cicuta and arsenicum together? They have both been found to possess more powers in this disease than any other remedies yet tried, and the narcotic effects of the cicuta might, while it contributed its specific effect, guard the system from the too great irritation produced by the arsenicum.

Or does the latter produce a good effect by exciting a stimulus different from the action of the cancerous virus?

BOOK V.

DIALYSES.

CHARACTER.

SOLUTIO continui, visu tactuve manifesta.

CHAP. I.

HERPES.

CHARACTER.

Phlyctænæ vel ulcuscula plurima, gregalia, serpentina, dysepulata.

SYMPTOMS.

Herpetic eruptions attack the skin in clusters of pimples running into one another, spreading and forming small ulcers, or crusty scaly scabs; sometimes moist, and sometimes dry, attended with smarting and itching.

CURE.

For this disease, lime water, the decoct. cort. inter. ulmi, the tinct. cantharidæ or the pills, p. 283, taken with the decoct. ulmi, will be proper, or the following, which has been often particularly serviceable:

R. Succ. gall. aparin. ℥iv. capt. omni mane per dies decem.

The parts may be washed with Goulard's water,
or

or dressed with the ung. citrin. Phar. Edin. either alone or mixed with any mild cerate.

Salted meats, pork, and fat meat, should be avoided, and a milk diet recommended.

CHAP. II.

TINEA.

CHARACTER.

In cute capillata ad radices capillorum, ulcuscula humorem in crustam albam friabilem abeuntem, fundentia.

The scald head is best cured by shaving the head close, and the repeated application of blisters to the diseased parts; but before they are applied, the ung. citrin. may be tried. It may be proper to give at the same time the aq. calc. decoct. ulmi, and the pills, p. 283.

CHAP. III.

PSORA.

CHARACTER.

Pustulæ et ulcuscula pruriginosa, contagiosa, manus male habens.

The itch appears in little watery pimples, in the wrists, between the fingers, and in the hams and waist, attended with extreme itching, especially when warm in bed.

The

The most certain remedy is the ung. e sulphur. which must be well rubbed into the parts affected at night going to bed for a week, or till the pimples cease to itch and appear dead.

The following will cure it, and is a much more agreeable, though not so certain, a cure as the ung. e sulphure :

℞. Acid. vitriol. ʒj.

Aq. fontan. ʒv. post effervescentiam adde

Syr. sacch. ʒij. m. capt. ʒj.—ʒij. bis terve in die in aquæ puræ cyatho.

Though the following Diseases might have been easily classed; yet as they are not in Cullen's Nosology, which arrangement I have adopted, I thought it better to introduce them in this place.

CHAP. I.

ANGINA PECTORIS.

CHARACTER.

SUFFOCATIONIS sensus, in cubile, vel exercitu vehementi, cum dolore, aliquando acuto, infra sternum, et in brachio sinistro, subito accedens; functiones aliter parum turbatae.

SYMPTOMS.

The patient in this disease is suddenly seized with a sense of suffocation, and pain in the breast, attended with the utmost anxiety, and an idea that its continuance or increase would be fatal; the pain is sometimes very violent, and appears to be under the sternum, or rather inclining to the left side, and it often extends to the left arm; the functions are not much disturbed. It comes on, upon using exercise immediately after dinner, or in bed, frequently obliging the patient to arise several times in the night; coughing, sneezing, or any extraordinary exertion, are very apt to bring it on, as are surprise and any other passions of the mind.

C U R E.

This seems evidently a spasmodic disease, and opiates and blisters to the breast afford the most relief, till the radical cure is effected. The patient must avoid violent exertions.

The radical cure must be attempted by such medicines as will remove the mobility of the system; such are tonics and antispasmodics. It has been cured by the zinc. calcinat.

R. Zinc. calc. gr. vj.—ʒj.

Sacch. alb.

Oc. canc. ppt. āā ʒj. m. f. pulv. capt. j. bis in die;
sensim augeatur quantitas zinci.

Fowler's solution of the arsenicum has been given with advantage.

R. Solut. arsenic. Fowler. gtts. vj.

Aq. fontan. ʒiss.

— nuc. mosch. ʒiss.

Syr. f. ʒj. m. f. haust. ter in die sumend. augeatur
quantitas solutionis (addendo quotidie gtt. j.) ad
gtts. xij. sing. haust.

An issue on the inside of the thigh should, on no account, be dispensed with.

C H A P. II.

M E L Æ N A.

C H A R A C T E R. (*Sagari.*)

Fluxus materie nigricantis, atro-rubræ, ano, vel cato frequens.

S Y M P T O M S.

SYMPTOMS.

The melæna, or morbus niger, is attended with a discharge of black, grumous, viscid blood, or bloody foetid matter, from the intestines by stool, or from the mouth by vomiting; with griping pains in the abdomen, a sense of great weight and distension in the epigastrium, loss of appetite, great debility, faintings, and pyrexia; and sometimes a discharge of scybala accompanies that of blood *per anum*.

CAUSES.

Blood effused into the intestines from the vena portarum, or mesericac veins; or into the stomach from the vasa brevia, or vena portarum, in general proceeding from a diseased liver.

CURE.

This disease is seldom idiopathic, or to be considered as a case of active hæmorrhagy: it arises most frequently from obstructions of some of the abdominal viscera pressing on the blood vessels mentioned above; suppression of accustomed hæmorrhoidal discharges, or scurvy, or other putrid diseases. If it is attended with evident marks of plethora, and other symptoms of active hæmorrhagy, bleeding will be necessary, with all the other means, except strong internal astringents. The blood must be evacuated from the intestines by gentle laxatives.

℞. Fol. fennæ ʒij.

Cort. limon. sicc. ʒiij.

Coque in aq. fontan. ʒx. ad colat. ʒvj. addendo sub finem coctionis cryst. tart. ʒfs.

Syr. f. ʒij, m. f. milt. sumt. cochl. ij. ada vel ʒtia quæque hora donec respondeat alvus.

Vel,

Vel,

℞. Ol. ricini ℥ss. (in vitel. ov. sub.)
Aq. puræ ℥iss. m. f. haust.

Vel,

℞. Pulv. rhab. ℥j.
Calomel. ppt. gr. iij. m. f. pulv. mane primo sumend.

Laxative clysters should also be injected. The putrefaction of the blood collected in the intestines must be prevented; for which purpose the acidum vitriolicum, diluted, will be very proper, at intervals, between the laxative medicines.

℞. Muc. gum. arab. ℥ij.
Aq. puræ ℥iv.
Acid. vitriol. ten. gtt. c.
Syr. althææ ℥j. m. f. mist. capt. cochl. ij. 3tia quaque hora.

Cold bathing of the lower extremities may be very useful, and bark and steel.

The diet should be cooling and antiseptic; and port wine and water acidulated, or old hock and water, will be very proper drink.

If it arises from suppressed accustomed evacuations, they must be restored; if from visceral obstructions, their removal must be attempted by the means pointed out when treating of them. If it is an attendant on scurvy or other putrid diseases, the general putrid diathesis is to be corrected by the proper remedies, and in all these cases the discharge of the blood from the intestines must be promoted by gentle laxatives.

CHAP. III.

PUERPERAL FEVER.

This fever attacks women in childbed, and in general it comes on about the second or third day after delivery, but sometimes later; and although this disease is always attended with very great danger, yet it is observed, that the danger is less in proportion to the lateness of the attack.

It commences with a cold shivering fit, distension and acute pain in some part of the abdomen, with great tenderness and soreness upon external pressure; a rapid pulse, generally from 120 to 146 in a minute; there are also head-ache, which sometimes precedes the pain in the abdomen; diarrhœa, great thirst and heat.

Authors, who have described this disease (which has been long known) differ in their opinions about its cause, which in fact seems but little understood, and of course the method of cure is as little ascertained.

The most successful mode of treatment hitherto tried, is, keeping the sick chamber cool, and well ventilated, the bed curtains open, and the patient lightly covered with bed cloaths; giving refrigerating, saline, laxative medicines, cooling liquids to drink, and light diet; the abdomen should be fomented as soon as possible, and must not be bound with a straight bandage.

Dr. Gordon, of Aberdeen, in his account of this disease,

disease, lately published, recommends a new mode of treatment, which was uncommonly successful. If he was called within twenty-four hours from the attack, he took away from sixteen to twenty-four ounces of blood, which was in every instance sizely. He then gave immediately three grains of calomel and two scruples of powder of jalap: he gave an opiate at night after the operation, and repeated the purge and opiate for several days.

If two or three days had elapsed before he saw them, it was too late for this method, as the patients were then too weak, and matter was already formed, which proved fatal.

CHAP. IV.

STONE *and* GRAVEL.

SYMPTOMS.

The symptoms of a stone in the bladder are, frequent desire of making water, which is often suddenly stopped as it flows in a full stream; pain in the neck of the bladder, tenesmus, uneasiness, and not unfrequently an itching in the anus, and external orifice of the urethra; there is frequently a retraction of one of the testes, and sometimes a numbness in one or both thighs, and nausea.

CURE.

The symptoms will be relieved by tonics and opiates; it is as a tonic probably that the uva ursi produces such good effects, and it may be given in either of the following forms:

Y

R. Pulv.

℞. Pulv. uvæ ursi ʒj.—3ʒs.
 Aq. puræ ʒiſs.
 Tinct. cinamom. ʒj.
 Syr. cort. aurant. ʒj. m. f. hauſt. ter in die ſumend.

Vel,

℞. Pulv. uvæ ursi ʒj.—3ʒs.
 Ol. aniſi gtt. j.
 Syr. q. f. m. f. bol. ij. ter in die ſumend.

In violent paroxyſms of pain, opium muſt be given by the mouth, and injected in clyſters.

Coſtivenefs muſt be prevented; for which purpoſe the following pills are proper:

℞. Sapon. dur.
 Pulv. rhab. āā ʒj.
 Ol. junip. gtts. vj.
 Syr. q. f. m. f. pill. No. xxiv. capt. iij.—iv. hora decubitus bis terve in ſeptimana vel pro re nata.

The ſolution of the ſtone may be attempted by ſome of the following means:

℞. Aq. kali pur. gtts. xl. 1
 In juſculi cyatho ter in die ſumend. ſenſim augeatur doſis.

Vel,

℞. Kali præparat. ʒſs.
 Aq. fontan. ʒj. ſolve et capt. ſuperbibens ſtatim ſucci limonum, vel aceti diſtillati ʒiſs.

Or the patient may drink two or three pints of mephitic alkaline water in a day. He muſt uſe a light diet, and acids muſt be ſtudiouſly avoided.

The ſymptoms of gravel are;

Pain in the region of the kidnies; along the courſe of the ureters; numbneſs in the thigh, and a retraction of the teſtes; frequent deſire of making
 ing

ing water, which is voided with great difficulty and pain, and in small quantities; nausea and vomiting generally accompany the more violent paroxysms, on the remission of which, the urine is evacuated plentifully, and deposits calcareous matter.

CURE.

In the paroxysm, if it is violent, and the patient plethoric, bleeding will be necessary; order the warm bath, give opiates, and mucilaginous demulcent medicines and liquids.

℞. Pulv. gum. arab. ʒiss.
Aq. fervent. ʒiv. solve et adde
Syr. althææ ʒiss.
Tinct. opii ʒj. m. capt. cochl. ij. ʒtia quaque horâ.

Let the patient drink plentifully of decoction of marsh mallows or linseed.

Order the following clyster:

℞. Terebinth. Venet. (in vit. ov. sub.) ʒiij.
Decoct. pro enemat. ʒx.
Ol. olivar. ʒij. m. f. enema.

After fæces are evacuated, order the following:

℞. Decoct. sem. lini ʒxij.
Tinct. opii ʒj.—ʒij. m. f. enema.

The solution of the calcareous matter must be attempted by the same means as were recommended for the stone in the bladder. In the catarrhus vesicæ, and diseases arising from relaxation of the kidneys and urinary passages, the uva ursi and aq. calc. will in general prove highly serviceable, and the mephitic alkaline water.

CHAP. V.

CEPHALALGIA IDIOPATHICA.

The cephalalgia or head ache is most commonly a symptomatic affection, attending fever, phrenitis, &c. but it sometimes occurs without any other disorder, and may be considered as a primary disease, very distressing and difficult to remove.

CAUSES.

Malconformation of the cranium, or effusions or ulcerations within its cavity; congestion in the head, or nervous irritation.

CURE.

It is in the cephalalgia from the two last-mentioned causes that we may hope to give relief; in the former we cannot expect to do any good.

If from the temperament and symptoms there is reason to imagine it proceeds from congestion and determination to the head, order general and topical bleedings, purgatives, errhines, diaphoretics, and pediluvia; and the determination may be taken off and prevented by an issue or seton in some part near the head.

Nervous irritation will be relieved by antispasmodics and tonics, as camphor, valerian, æther, internally and externally used; cort. Peruv. zinc. calc. cold water applied to the head, and cold bathing.

Cold water drank to the quantity of a pint or a quart the first thing in a morning, has cured the nervous cephalalgia.

CHAP. VI.

The BITE of a VIPER, or other SNAKES.

The caustic volatile alkali and eau de luce have been found specific against the bite of the viper and many other snakes.

R. Alkal. volatil. caust. gtt. xL. in quovis vehiculo sumend.

Vel,

R. Sp. ammoniæ fuccinat. *vulgo* eau de luce, gtt̄s. xl quovis vehiculo sumend.

This is to be given as soon as possible after the accident, and the dose is to be repeated in five minutes. The parts bit must be also well embrocated with it.

CHAP. VII.

WORMS.

Worms chiefly affect young people prior to the age of puberty.

There are four kinds of them which infest the human body: the long round worm; the short flat worm; the tænia; and the ascarides.

They may in general be suspected from the following general

SYMPTOMS.

Obtuse pain and swelling, and sometimes a gnawing pain in the abdomen; costiveness and purging
Y 3 alternating

alternating with each other; irregular appetite for food, sometimes it is voracious, and sometimes there is none; grinding of the teeth, flushing of the cheeks, disturbed sleep, picking of the nose, paleness, and emaciation: but as these symptoms attend many other complaints as well as worms, the diagnosis has often been uncertain and difficult.

Dr. Home says, that when a swelling of the alæ narium and upper lip accompany some or all of these symptoms, it is a certain diagnostic symptom of worms; and the Doctor's observation is confirmed by my experience.

CURE.

The long round worm and short flat worm may generally be removed by some of the following medicines:

℞. Pulv. spigel. Maryland. gr. x. capt. mane et vespere in
theriaca vel quovis idoneo vehiculo.

The above is proper for a child of eight years of age, and an adult may take half a drachm for a dose.

℞. Pulv. rhab.

— aloës focotorin. āā gr. v.

Calomel. ppt. gr. ij. m. f. pulv. mane primo sumend.

Vel,

℞. Rasur. stanni,

Conf. absinth. āā ℥ss.

Syr. ejusdem q. s. m. f. elect. capt. ℥j. omni mane.

Vel,

℞. Siliquæ Hirsutæ q. v.

Theriacc. com. q. s. m. f. elect. capt. cochl. j. minim.

mane primo per dies tres, et postea dos. rhab.

The

The above formulæ are for children about eight years of age.

The sulphur springs at Harrowgate are also powerful anthelmintics.

For the tænia for an adult,

℞. Pulv. polypod. fil. maf. ʒj—ʒij. sumend. in idoneo vehiculo.

Four hours after it has been taken, give the following :

℞. Pulv. jalap. ʒss.

Ol. menth. gtt. j. m. f. pulv.

Or give

Flor. sulph. ʒss. h. f. in quovis vehiculo.

The ascarides are generally seated just within the anus, and may be dislodged by some of the following means :

℞. Fol. absinth.

—— rutæ āā ʒj. coque in q. f.

Aq. puræ ad colat. ʒx.

Ol. olivar. ʒij. m. f. enema.

Vel,

℞. Aq. calc. tepid. ʒxij. pro enemate.

Vel,

℞. Ol. olivar. ʒvj.

Aloës ʒj. solve et fiat enema.

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*A TABLE of the Proportions of Mercury and
Opium in the different Compositions in the
LONDON and EDINBURGH PHARMACO-
POEIAS.*

		IN	CONTAINS
Bals. anodyn. - - - <i>Edinb.</i>		grs. 30	Opii gr. i
Confect. opiata - - - <i>Lond.</i>		grs. 36	Opii gr. i
Elect. japonic. - - - <i>Edinb.</i>		grs. 193	Opii gr. i
Elect. thebaic. - - - <i>Edinb.</i>		grs. 97	Opii gr. i
Elix. paregoric - - - <i>Edinb.</i>		grs. 68	Opii gr. i
Emplast. ammoniac. } cum hydrarg. - }	<i>Lond.</i>	35	Hydrarg. 3 i
Emplast. lytharg. } cum hydrarg. - }	<i>Lond.</i>	35	Hydrarg. 3 i
Emplast. ex hydrarg.: <i>Edinb.</i>		33 $\frac{2}{3}$	Hydrarg. 3 i
Pilul. ex hydrarg. - <i>Lond.</i>		grs. 2 $\frac{1}{2}$	Hydrarg. gr. i.
Pilul. ex hydrarg. - <i>Edinb.</i>		grs. 4.	Hydrarg. gr. i
Pilul. ex opio - - - <i>Lond.</i>		grs. 5	Opii gr. i
Pilul. Plummer. - - - <i>Edinb.</i>		grs. 2 $\frac{2}{3}$	Calomel. gr. i
Pilul. thebaic. - - - <i>Edinb.</i>		grs. 10	Opii gr. i.
Pulv. e creta comp. } cum opio - - }	<i>Lond.</i>	grs. 44	Opii gr. i
Pulv. e scamon. cum } calomel. - - }	<i>Lond.</i>	grs. 4	Calomel. gr. i
Pulv. ipecach. comp. <i>Lond.</i>		grs. 10	Opii gr. i
Pulv. opiat. - - - <i>Lond.</i>		grs. 10	Opii gr. i
Pulv. sudorific. - - - <i>Edinb.</i>		grs. 11	Opii gr. i
Tinct. opii - - - <i>Lond.</i>		grs. 13	Opii gr. i
Tinct. opii camph. - <i>Lond.</i>		grs. 260	Opii gr. i
Tinct. thebaic. - - - <i>Edinb.</i>		grs. 12	Opii gr. i
Trochisi * Bechic. c. op. <i>Edinb.</i>		grs. 55	Opii gr. i
Ung. calc. hydrarg. alb. <i>Edinb.</i>		31	{ Calc. hydrarg. alb. grs. 4 $\frac{2}{3}$
Ung. citrin. - - - <i>Edinb.</i>		31	Hydrarg. nitrat. grs. 4
Ung. ex hydrarg. - <i>Edinb.</i>		35	Hydrarg. 3 i
Ung. hydrarg. fort. - <i>Lond.</i>		32	Hydrarg. 3 i
Ung. hydrarg. mit. - <i>Lond.</i>		35	Hydrarg. 3 i
Ung. hydrarg. nitrat. <i>Lond.</i>		31	Hydrarg. nitrat. grs. 4

* These troches are not unfrequently ordered with double the quantity of opium, and kept in the shops under this form.

TABLE OF THE NAMES

ALTERED IN THE

LONDON AND EDINBURGH

PHARMACOPŒIAS.

Old Names.

New Names.

A.

ACETUM scilliticum
 Æthiops mineralis
 Aqua aluminosa bateana
 calcis simplex
 cinamomi simplex
 ———— spirituosā
 hordeata
 juniperi composita
 menthæ piperitidis simplex
 ———— spirituosā
 vulgaris simplex
 ———— spirituosā
 nucis moschatæ
 piperis Jamaicensis
 pulegii simplex
 ———— spirituosā
 raphani composita
 rosarum damascenarum
 sapphirina
 seminum anethi
 anisi composita
 carui
 vitriolica camphorata

Argenti vivi purificatio
 Axungie porcine curatio

B.

Balsamum sulphuris Barbadiense
 ———— simplex
 traumaticum
 anodynum
 saponaceum
 Butyrum antimonii

x

ACETUM scillæ, Lond.
 Hydrargyrus cum sulphure, Lond.
 Aqua aluminis composita, Lond.
 calcis, Lond.
 cinamomi, Lond.
 Spiritus cinamomi, Lond.
 Decoctum hordei, Lond.
 Spirit. juniperi compositus, Lond.
 Aqua menthæ piperitidis, Lond.
 Spirit. menthæ piperitidis, Lond.
 Aqua menthæ sativæ, Lond.
 Spiritus menthæ sativæ, Lond.
 nucis moschatæ, Lond.
 Aqua pimento, Lond.
 pulegii, Lond.
 Spirit. pulegii, Lond.
 raphani compositus, Lond.
 Aquæ rosæ, Lond.
 cupri ammoniati, Lond.
 anethi, Lond.
 Spiritus anisi compositus, Lond.
 carui, Lond.
 Aqua zinci vitriolati cum campho-
 ra, Lond.
 Hydrargyri purificatio, Lond.
 Adipis suillæ præparatio, Lond.

Petroleum sulphuratum, Lond.
 Oleum sulphuratum, Lond.
 Tinct. Benzoës composita, Lond.
 Linimentum anodynum, Edinb.
 saponaceum, Edinb.
 Causticum antimoniale, Edinb.

Calx

Old Names.

New Names.

C.

Calx antimonii
 Causticum antimoniale
 commune fortius
 lunate ———
 Ceratum album
 citrinum
 epuloticum
 Chalybis rubigo præparata
 Cinnabaris factitia
 Confectio cardiaca ———
 Confectio japonica
 Cornu cervi calcinatio
 Crocus metallorum

Antimonium calcinatum, *Lond.*
 murlatum, *Lond.*
 Calx cum kali pufo, *Lond.*
 { Argentum nitratum, *Lond.*
 { Sal argenti, *Edinb.*
 Ceratum spermatis ceti, *Lond.*
 resinæ flavæ, *Lond.*
 lapidis calaminaris, *Lond.*
 Ferri rubigo, *Lond.*
 Hydrarg. sulphuratus ruber, *Lond.*
 { Confectio aromatica, *Lond.*
 { Electuarium cardiacum, *Edinb.*
 Electuarium japonicum, *Edinb.*
 Cornu cervi ustio, *Lond.*
 Crocus antimonii, *Edinb.*

D.

Decoctum album
 commune pro clystere
 pectoreale

Decoctum cornui cervi, *Lond.*
 pro enemate, *Lond.*
 hordei compositum, *Lond.*

E.

Electuarium lenitivum
 Elixir aloës
 myrrhæ compositum
 paregoricum
 proprietas
 sacrum
 salutis
 Emplastrum ex ammoniaco cum
 mercurio
 antihystericum
 atrahens
 cephalicum
 commune
 adhesivum
 cum gummi
 cum mercurio
 e cymino
 roborans
 e sapone
 stomachicum
 vesicaterium
 Emulsio communis
 Ens veneris
 Extractum catharticum
 thebaicum

Electuarium e fenna, *Lond.*
 Tinctura aloë composita, *Lond.*
 sabinæ composita, *Lond.*
 opii camphorata, *Lond.*
 Elixir aloës, *Edinb.*
 ex aloes et rheo, *Edinb.*
 Tinctura fennæ composita, *Edinb.*
 Emplastrum ammoniaci cum hy-
 drargyro, *Lond.*
 foetidum, *Edinb.*
 ceræ, *Lond.*
 picis Burgundicæ, *Lond.*
 lithargyri, *Lond.*
 cum resina, *Lond.*
 cum gummi, *Lond.*
 cum hydrargyro, *Lond.*
 cumini, *Lond.*
 thuris, *Lond.*
 saponis, *Lond.*
 ladani, *Lond.*
 cantharidis, *Lond.*
 Lac amygdalæ, *Lond.*
 Flores martiales, *Edinb.*
 Extractum e colocynthide compo-
 situm, *Lond.*
 Opium purificatum, *Lond.*

F.

Ferri rubigo
 Flores benzoïnii

Ferri limatura præparata, *Edinb.*
 Flores benzoës, *Lond.*

Flores

Old Names.

New Names.

Flores martiales
zinci
Fotus communis.

Ferrum ammoniacale, *Lond.*
Calx zinci, *Lond.*
Decoctum pro somento, *Lond.*

H.

Hiera picra

Pulvis aloeticus, *Lond.*

I.

Infusum amarum simplex.

Infusum gentianæ compositum,
Lond.

fennæ commune
Julepum e camphora
e creta
e moscho

fennæ tartarifatum, *Lond.*
Mistura camphorata, *Lond.*
cretacea, *Lond.*
moschata, *Lond.*

L.

Laudanum liquidum

Tinctura thebaica, *Edinb.*
opii, *Lond.*

Linimentum album
saponaceum
volatile

Unguentum spermatis ceti, *Lond.*
Linimentum saponis, *Lond.*
ammoniacæ, *Lond.*

Lixivium saponaceum
tartari

Aqua kali puri, *Lond.*
kali, *Lond.*

M.

Mel Ægyptiacum
rosaceum

Oxymel æruginis, *Lond.*

Mercurius calcinatus
corrosivus sublimatus
ruber
dulcis sublimatus
emeticus flavus
præcipitatus albus
ruber

Mel rosæ, *Lond.*
Hydrargyrus calcinatus, *Lond.*
muriatus, *Lond.*
nitratus ruber, *Lond.*

Calomelas, *Lond.*
Hydrargyrus vitriolatus, *Lond.*
Calx hydrargyri alba, *Lond.*
Mercurius corrosivus ruber, *Edinb.*

N.

Nitrum vitriolatum

Kali vitriolicum, *Lond.*

O.

Oleum animale

Oleum e cornubus rectificatum,
Edinb.

petrolei Barbadosensis
terebinthinæ æthereum

petrolei, *Lond.*
terebinthinæ rectificatum,
Lond.

Opium colatum
Oxymel scilliticum

Opium purificatum, *Lond.*
Oxymel scillæ, *Lond.*

P.

Philonium Londinense
Pilulæ aromaticæ

Confectio opiata, *Lond.*
Pulvis aloeticus cum guaiaco,
Lond.
Pilulæ

Old Names.

New Names.

Pilulæ coccinæ

mercuriales
 pacificæ
 rufi

Pulvis e bolo compositus

— cum opio
 cephalicus
 e cerussa compositus
 Doveri
 sternutatorius

R.

Rob. baccarum sambuci

S.

Saccharum saturni

Sal absinthii

ammoniæcus volatilis

catharticus Glauberi

diureticus

martis

rupellensis

tartari

vitrioli

volatilis salis ammoniaci

Species aromaticæ

Spiritus cornu cervi

lavendulæ compositus

— simplex

nitri dulcis

— Glauberi

salis ammoniaci

— cum calce vivo

— dulcis

— martis Glauberi

— vinosus camphoratus.

— vitrioli dulcis

— tenuis

volatilis aromaticus

— fœtidus

Succi scorbutici

Sulphur auratum antimonii

Syrupus ex althæa

e corticibus amantiorum

balsamicus

e meconio

rosarum solutivus

Pilulæ ex colocynthide cum aloë,
*Edinb.*ex hydrargyro, *Edinb.*Pilulæ thebaicæ, *Edinb.*ex aloë cum myrrha, *Lond.*Pulvis e creta compositus, *Lond.*— cum opio, *Lond.*sternutatorius, *Edinb.*e cerussa, *Lond.*sudorificus, *Edinb.*asari compositus, *Lond.*Succus baccæ sambuci spissatus,
Lond. Edinb.{ Cerussa acetata, *Lond.*{ Sal plumbi, *Edinb.*{ Kali, *Lond.*{ Alkali volatile ex sale ammoniaco,
Edinb.{ Natron vitriolatum, *Lond.*{ Soda vitriolata, *Edinb.*{ Kali acetatum, *Lond.*{ Ferrum vitriolatum, *Lond.*{ Soda tartarifata, *Edinb.*{ Kali, *Lond.*{ Zincum vitriolatum, *Lond.*{ Ammonia, *Lond.*{ Pulvis aromaticus, *Lond.*{ Liquor volatilis cornu cervi, *Lond.*{ Tinctura lavendulæ, *Lond.*{ Spiritus lavendulæ, *Lond.*{ Spiritus ætheris nitrosi, *Lond.*{ Acidum nitri vinosum, *Edinb.*{ Acidum nitrosum, *Lond. Edinb.*{ Aqua ammoniæ, *Lond.*{ Alkali volatile causticum, *Edinb.*{ Spiritus ammoniæ, *Lond.*{ Acidum muriaticum, *Lond.*{ Spiritus camphoratus, *Lond.*{ Spiritus ætheris vitriolici, *Lond.*{ Acidum vitriolicum vinosum, *Edinb.*{ Acidum vitriolicum dilutum, *Lond.*{ Acidum vitriolicum tenue, *Edinb.*{ Spiritus ammoniæ compositus, *Lond.*{ — fœtidus, *Lond.*{ Succus cochleariæ compositus, *Lond.*{ Sulphur antimonii præcipitatum,
Edinb.{ Syrupus althææ, *Lond.*{ corticis aurantii, *Lond.*{ toluianus, *Lond.*{ papaveris albi, *Lond.*{ rosæ, *Lond.*

Tabellæ

Old Names.

New Names.

T.

Tabellæ cardialgiæ
Tartarum emeticum
regeneratam

solubile —

vitriolatum —

Tinctura amara
antiphthistica
aromatica

fœtida
guaiacina volatilis
ipæcacuanhæ
japonica
martis in spiritu salis
melampodii
rhabbarbari spirituosa
— vinosa

rosarum —

sacra —

stomachica

Trochisci Bechici albi
— nigri
Tarpethum minerale

V. U.

Vinum antimoniale
chalybeatum

Unguentum album
album
antipsoicum
basilicum flavum
cœruleum
— fortius
— mitius
e mercurio præcip.
saturninum
simplex
ad vesicatoria

Trochisi e creta, Lond.

{ Antimonium tartarificatum, Lond.
{ Tartarus antimonialis, Edinb.
Alkali fixum vegetabile acetatum,
Edinb.
{ Kali tartarificatum, Lond.
{ Alkali fixum vegetabile tartarificatum,
Edinb.
{ Kali vitriolatum, Lond.
{ Alkali fixum vegetabile vitriolatum,
Edinb.

Tinctura gentiani composita, Lond.
saturnina, Edinb.
cinnamomi composita,
Lond.

asæ fœtidæ, Lond.

guaiaci, Lond.

Vinum ipæcacuanhæ, Edinb.

Tinctura catechu, Lond.

ferri muriati, Lond.

hellebori nigri, Lond.

rhabbarbari, Lond.

Vinum rhabbarbari, Lond.

{ Infusum rosæ, Lond.
{ rosarum, Edinb.

{ Vinum aloës, Lond.

{ Vinum aloeticum, Edinb.

Tinctura cardamomi composita,
Lond.

Trochisci amyli, Lond.

glycyrrhizæ, Lond.

Mercurius flavus, Edinb.

Vinum antimonii, Lond.

ferri, Lond.

Ung. ceræ, Lond.

e cerussa, Edinb.

e sulphure, Lond.

resinæ flavæ, Lond.

ex hydrargyro, Edinb.

hydrargyri fortius, Lond.

— mitius, Lond.

calcis hydrargyri albæ, Lond.

cerussæ acetatæ, Lond.

adipis suillæ, Lond.

cantharidis, Lond.

FINIS.

